

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Sep 29, 2008
Secretary of State

DOCUMENT# N00000005994

Entity Name: FLORIDA WATER POLLUTION CONTROL FINANCING CORPORATION**Current Principal Place of Business:**C/O STATE BOARD OF ADMINISTRATION
1801 HERMITAGE BLVD
TALLAHASSEE, FL 32308**New Principal Place of Business:****Current Mailing Address:**C/O STATE BOARD OF ADMINISTRATION
1801 HERMITAGE BLVD
TALLAHASSEE, FL 32308**New Mailing Address:****FEI Number:** 59-3714482**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**BEENCK, THOMAS A
C/O STATE BOARD OF ADMINISTRATION
1801 HERMITAGE BLVD
TALLAHASSEE, FL 32308 US**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: BECK, ROBERT
Address: EXECUTIVE OFF OF GOVERNOR RM 1601
City-St-Zip: TALLAHASSEE, FL 323990001

Title: D () Delete
Name: SINK, ALEX
Address: 200 E GAINES ST
City-St-Zip: TALLAHASSE, FL 323990300

Title: T () Delete
Name: SIGRIST, KEVIN
Address: 1801 HERMITAGE BLVD SUITE 100
City-St-Zip: TALLAHASSEE, FL 32308

Title: CEO () Delete
Name: MILLIGAN, ROBERT E
Address: 1801 HERMITAGE BOULEVARD, SUITE 100
City-St-Zip: TALLAHASSEE, FL 32308

Title: S () Delete
Name: BEENCK, THOMAS A
Address: 475 MERLIN WAY
City-St-Zip: TALLAHASSEE, FL 32301

Title: D () Delete
Name: SOLE, MICHAEL
Address: 3900 COMMONWEALTH BVLD MS49
City-St-Zip: TALLAHASSEE, FL 32399

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HUCKLEBERRY

MR.

09/29/2008

Electronic Signature of Signing Officer or Director

Date