

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005429

FILED
Jan 05, 2004
Secretary of State

Entity Name: SOUTH BAY CORRECTIONAL FACILITIES FINANCING CORPORATION

Current Principal Place of Business:

4050 ESPLANADE WAY
STE 680 PEPPER BUILDING
TALLAHASSEE, FL 32399

New Principal Place of Business:

Current Mailing Address:

4050 ESPLANADE WAY
STE 680 PEPPER BUILDING
TALLAHASSEE, FL 32399

New Mailing Address:

FEI Number: 59-3645785

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DUFFEE, ALAN B
4050 ESPLANADE WAY
STE 680 PEPPER BUILDING
TALLAHASSEE, FL 32399

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: ATKINSON, CAROL
Address: 4050 ESPLANADE WAY, STE 680 PEPPER BLDG
City-St-Zip: TALLAHASSEE, FL 32399

Title: D () Delete
Name: BLOCK, SAMUEL A
Address: 4050 ESPLANADE WAY, STE 680 PEPPER BLDG
City-St-Zip: TALLAHASSEE, FL 32399

Title: D () Delete
Name: DUFFEE, ALAN B
Address: 4050 ESPLANADE WAY, STE 680 PEPPER BLDG
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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ALAN B. DUFFEE

D

01/05/2004

Electronic Signature of Signing Officer or Director

Date