

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005741

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: FLORIDA CORRECTIONAL FINANCE CORPORATION

## Current Principal Place of Business:

4050 ESPLANADE WAY  
SUITE 335  
TALLAHASSEE, FL 32399

## New Principal Place of Business:

## Current Mailing Address:

4050 ESPLANADE WAY  
SUITE 335  
TALLAHASSEE, FL 32399

## New Mailing Address:

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

INGRAM, ROSALYN M  
4050 ESPLANADE WAY  
SUITE 335  
TALLAHASSEE, FL 32399 US

## Name and Address of New Registered Agent:

SOLIE, JD  
4050 ESPLANADE WAY  
SUITE 335  
TALLAHASSEE, FL 32399 US

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: JD SOLIE

04/30/2008

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: INGRAM, ROSALYN M  
Address: 4050 ESPLANADE WAY  
City-St-Zip: TALLAHASSEE, FL 32399

Title: VP ( ) Delete  
Name: SPRINGER, FRED  
Address: 4050 ESPLANADE WAY  
City-St-Zip: TALLAHASSEE, FL 32399

Title: S ( ) Delete  
Name: ROCCO, TERRY  
Address: 4050 ESPLANADE WAY  
City-St-Zip: TALLAHASSEE, FL 32399

Title: D (X) Delete  
Name: WATKINS, BEN  
Address: 4050 ESPLANADE WAY  
City-St-Zip: TALLAHASSEE, FL 32399

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: SOLIE, JD  
Address: 4050 ESPLANADE WAY  
City-St-Zip: TALLAHASSEE, FL 32399

Title: VP (X) Change ( ) Addition  
Name: WEBER, MICHAEL  
Address: 4050 ESPLANADE WAY  
City-St-Zip: TALLAHASSEE, FL 32399

Title: S (X) Change ( ) Addition  
Name: WATKINS, BEN  
Address: 4050 ESPLANADE WAY  
City-St-Zip: TALLAHASSEE, FL 32399

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: JD SOLIE

P

04/30/2008

Electronic Signature of Signing Officer or Director

Date