FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Apr 22 1997 8:00am

Secretary of State

3a. Date of Last Report

3. Date Incorporated or Qualified 09/09/1996

4/17/97

904/488-4406

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT #

Principal Place of Business

1801 HERMITAGE BLVD.

TALLAHASSEE FL 32308

C/O STATE BOARD OF ADMINISTRATION

N96000004664 (6)

Mailing Address

1801 HERMITAGE BLVD.

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TALLAHASSEE FL 32308-7703

C/O STATE BOARD OF ADMINISTRATION

INLAND PROTECTION FINANCING CORPORATION

2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			59-3404559	Not Applicable
Suite, Apt	, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22		27				Fee Required
City & State	1	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zιρ ─	Country	Zip	Count	ry	8. This corporation has liability for intang	
			30	Florida Statutes Yes No 10. Name and Address of New Registered Agent		
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name						Lea wastr
00110111	MODAGE #		Ľ			
SCHOW, HORACE II			8	82 Street Address (P.O. Box Number is Not Acceptable)		
C/O STATE BOARD OF ADMINISTRATION			8	4		
1801 HERMITAGE BLVD.				ا"		
TALLAHA	SSEE FL 32308		8	4 City		85 Zip Code
11 Pursuant t	o the provisions of Sections 617 0502	and 617 1508 Florida Statut	es the abo	ve-named c	ornoration submits this statement for the purpo	se of changing its registered
 Pursuant to the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617,0503, Florida Statutes. 						
agent I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.						
SIGNATURE Signature, typod or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE						
12.	OFFICERS AND		13.	Deur e Duarrie Le	ADDITIONS/CHANGES TO OFFICERS	
TITLE	D	DELETE	1.1 101.0		V	Change Addition
NAME	CHILES, LAWTON GOV		1,2 NAM		YELSON, BILL	
STREET ADDRESS	PL-05 THE CAPITOL		1	ET ADDRESS	PL	}
	TALLAHASSEE FL 32399-0001			1 '	TALLAHASSE, N. 32899	, <u>/</u>
CITY-ST-ZIP TITLE	D	DELETE	2.1 TITLE	-ST-ZIP		Change Addition
NAME	MILLIGAN, ROBERT F	Occent	2.2 NAM	١,	TOM HERVOON	
STREET ADDRESS	PL-09 THE CAPITOL			ET ADORESS	3701 BOBBN BROOK WES	7
. 1	TALLAHASSEE FL 32399-0300			E I AUUNESS	TACCAHOSIES, PC 32308	
CITY-\$1-ZIP TITLE	D	DELETE	31 7171		7	Change Addition
NAME	CARSWELL, KEITH	C Descrit	3.2 NAM		PETER COLLINS _	
STREET ADDRESS	700 E. DANIA BEACH BLVD.			ET ADDRESS	606 BAST 93 AVENUE	
	DANIA FL 33004		1		TALLAHASSES, FL \$2303	
CITY-ST-ZIP TITLE	DANIA FL 33004	DELETE	4.1 TiTL	-ST-ZIP		Change Addition
NAME	WETHERALL, VIRGINIA		4. 2 NAA		THOMAS BOSNICK	
	3900 COMMONWEALTH BLVD.				475 HEALN WAY	4
STREET ADDRESS				'	THURMESET, PL 32301	- / I
CITY - ST - ZIP TITLE	TALLAHASSEE FL 32399-2440	DELETE	4.4 CITY 5.1 TITU	-51-211		Change Addition
]		FT brreit	5.1 MAM			
NAME						$-(U \cup U) \cap A$
STREET ADDRESS				ET ADDRESS		71/4/2014-1
CITY-ST-ZIP		DELETE		- ST- ZIP	- 00000215 2	Addition
TITLE		L DELETE	6.1 TITL		-04/23/9701061	
NAME			6.2 NAM		***61.25	-U34
STREET ADDRESS				ET ADDRESS		
CHY-ST-ZIP	specification at the information and the	with this filing dose and and	6.4 CITY		Mad in Contion 140 07/27/0 Elected State to 14	uthor partify that the
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.						