


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90062 005 ****61.25

DOCUMENT # N96000004664

1. Entity Name
INLAND PROTECTION FINANCING CORPORATION



Principal Place of Business
**C/O STATE BOARD OF ADMINISTRATION
 1801 HERMITAGE BLVD.
 TALLAHASSEE, FL 32308**

Mailing Address
**C/O STATE BOARD OF ADMINISTRATION
 1801 HERMITAGE BLVD.
 TALLAHASSEE, FL 32308**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

03172004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-3404559 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**BEENCK, THOMAS A
 C/O STATE BOARD OF ADMINISTRATION
 1801 HERMITAGE BLVD.
 TALLAHASSEE, FL 32308**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
 Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make check payable to
 Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BUSH, JEB	
STREET ADDRESS	PL-05 THE CAPITOL	
CITY-ST-ZIP	TALLAHASSEE, FL 323990001	
TITLE	S	<input type="checkbox"/> Delete
NAME	BEENCK, THOMAS A	
STREET ADDRESS	475 MERUN WAY	
CITY-ST-ZIP	TALLAHASSEE, FL 32301	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CARSWELL, KEITH	
STREET ADDRESS	700 E. DANIA BEACH BLVD.	
CITY-ST-ZIP	DANIA, FL 33004	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STRUHS, DAVID B	
STREET ADDRESS	3900 COMMONWHEATH BLVD	
CITY-ST-ZIP	TALLAHASSEE, FL 323992440	
TITLE	D	<input type="checkbox"/> Delete
NAME	GALLAGHER, TOM	
STREET ADDRESS	PL-1 THE CAPITOL	
CITY-ST-ZIP	TALLAHASSEE, FL 32399	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	STIPANOVICH, COLEMAN	
STREET ADDRESS	5252 PIMUCO DRIVE	
CITY-ST-ZIP	TALLAHASSEE, FL 32309	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Raoul Siclait	
STREET ADDRESS	3600 N.E. 82nd Avenue	
CITY-ST-ZIP	Miami, FL 33166	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Colleen M. Castille	
STREET ADDRESS	3900 Commonwealth Blvd., M 510	
CITY-ST-ZIP	Tallahassee, FL 32399-2440	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David Villa	
STREET ADDRESS	1801 Hermitage Blvd., Suite 100	
CITY-ST-ZIP	Tallahassee, FL 32308	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Thomas A. Beenck* **THOMAS A. BEENCK, Secretary**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *April 15, 2004* Daytime Phone #: *850.413-1183*