


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90068 033 ****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.
 City & State
 Zip

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip

40000000



04102006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-3404559

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

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, 2006

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BUSH, JEB PL-05 THE CAPITOL TALLAHASSEE, FL 323990001 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	S Thomas A. Beenck 475 Merlin Way Tallahassee, FL 32301 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S BEENCK, THOMAS A 475 MERUN WAY TALLAHASSEE, FL 32301 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO Coleman Stipanovich 5252 Pimlico Drive Tallahassee, FL 32309 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T VILLA, DAVID 1801 HERMITAGE BLVD STE 100 TALLAHASSEE, FL 32308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Colleen M. Castille 3900 Commonwealth Blvd., M510 Tallahassee, FL 32399-2440 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SICLAIT, RAOUL 3600 NE 82ND AVE MIAMI, FL 33166 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GALLAGHER, TOM PL-1 THE CAPITOL TALLAHASSEE, FL 32399 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO STIPANOVICH, COLEMAN 5252 PIMUCO DRIVE TALLAHASSEE, FL 32309 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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** Date **4/11/06** Daytime Phone # **850/443-1183**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ATTACHMENT

40052268

**INLAND PROTECTION
FINANCING CORPORATION**

Post Office Box 13300
32317-3300

1801 Hermitage Boulevard, Suite 100
Tallahassee, FL 32308
(850) 488-4406

BOARD OF DIRECTORS:

JEB BUSH, CHAIRPERSON
TOM GALLAGHER
COLLEEN M. CASTILLE
RAOUL SICLAIT

April 11, 2006

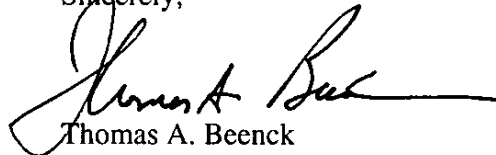
Florida Department of State
Division of Corporations
P.O. Box 6198
Tallahassee, FL 32314

Re: 2006 Annual Report for Not-For-Profit Corporation -
Inland Protection Financing Corporation - Doc.#N96000004664

Dear Sir or Madam:

Enclosed is the 2006 Annual Report for the Inland Protection Financing Corporation and a check in the amount of \$61.25 to cover the filing fee. If you have any questions, please do not hesitate to contact me at (850) 413-1183.

Sincerely,



Thomas A. Beenck
Secretary

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Enclosures