

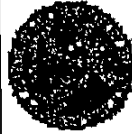
2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 8:00 am
Secretary of State

04-26-2007 90228 015 ****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

40084412



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01222007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-3404559

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☒ Delete
NAME BEENCK, THOMAS A
STREET ADDRESS 475 MERLIN WAY
CITY-ST-ZIP TALLAHASSEE, FL 32301

TITLE D ☐ Change ☒ Addition
NAME Nembhard, Mortlake
STREET ADDRESS 2019 Centre Point Boulevard, Suite 101
CITY-ST-ZIP Tallahassee, FL 32308

TITLE CEO ☐ Delete
NAME STIPANOVICH, COLEMAN
STREET ADDRESS 5252 PIMLICO DRIVE
CITY-ST-ZIP TALLAHASSEE, FL 32309

TITLE D ☐ Change ☒ Addition
NAME Sink, Alex
STREET ADDRESS 200 East Gaines Street
CITY-ST-ZIP Tallahassee, FL 32399-0354

TITLE T ☒ Delete
NAME VILLA, DAVID
STREET ADDRESS 1801 HERMITAGE BLVD STE 100
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE T ☐ Change ☒ Addition
NAME SigRist, Kevin
STREET ADDRESS 1801 Hermitage Boulevard, Suite 100
CITY-ST-ZIP Tallahassee, FL 32308

TITLE D ☒ Delete
NAME SICLAIT, RAOUL
STREET ADDRESS 3600 NE 82ND AVE
CITY-ST-ZIP MIAMI, FL 33166

TITLE S ☐ Change ☒ Addition
NAME Thomas A. Beenck
STREET ADDRESS 475 Merlin Way
CITY-ST-ZIP Tallahassee, FL 32301

TITLE D ☒ Delete
NAME GALLAGHER, TOM
STREET ADDRESS PL-1 THE CAPITOL
CITY-ST-ZIP TALLAHASSEE, FL 32399

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE CEO ☒ Delete
NAME STIPANOVICH, COLEMAN
STREET ADDRESS 5252 PIMLICO DRIVE
CITY-ST-ZIP TALLAHASSEE, FL 32309

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS A. BEENCK, Secretary

4/25/07 850/413-1183

Deputy Phone #