

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2008 8:00 am
Secretary of State

02-28-2008 90008 028 ****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 - No P.O. Box #		3. Mailing Address		 01092008 Chg-NP CR2E037 (12/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
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			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		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 NEMBARD, MORTLAKE 2019 CANTRE POINT BLVD., SUITE 101 TALLAHASSEE, FL 32308 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO STIPANOVICH, COLEMAN 5252 PIMLICO DRIVE TALLAHASSEE, FL 32309 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO Robert F. Milligan 1801 Hermitage Boulevard, Suite 100 Tallahassee, FL 32308 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SINK, ALEX 200 EAST GAINES ST TALLAHASSEE, FL 323990354 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SIGRIST, KEVIN 1801 HERMITAGE BLVD., SUITE 100 TALLAHASSEE, FL 32308 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BEENCK, THOMAS A 475 MERLI WAY TALLAHASSEE, FL 32301 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 or other like empowered.					
SIGNATURE: <i>Thomas A. Beenck</i> THOMAS A. BEENCK, SECRETARY 2/27/08 850/413-1183 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					