

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 09, 2014
Secretary of State
CC9252485208

Entity Name: INLAND PROTECTION FINANCING CORPORATION

Current Principal Place of Business:

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

Current Mailing Address:

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

FEI Number: 59-3404559

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MCCAULEY, MICHAEL P
C/O STATE BOARD OF ADMINISTRATION
1801 HERMITAGE BLVD.
TALLAHASSEE, FL 32308 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title D
Name SCOTT, RICK
Address 200 EAST GAINES STREET
City-State-Zip: TALLAHASSEE FL 32399

Title CEO
Name WILLIAMS, ASHBEL C
Address 1801 HERMITAGE BLVD STE 100
City-State-Zip: TALLAHASSEE FL 32308

Title D
Name ATWATER, JEFF
Address 200 EAST GAINES STREET
City-State-Zip: TALLAHASSEE FL 32399

Title T
Name COPELAND, ROBERT
Address 1801 HERMITAGE BLVD., SUITE 100
City-State-Zip: TALLAHASSEE FL 32308

Title S
Name MCCAULEY, MICHAEL P
Address 1801 HERMITAGE BLVD, SUITE 100
City-State-Zip: TALLAHASSEE FL 32308

Title D
Name BONDI, PAM
Address 200 EAST GAINES STREET
City-State-Zip: TALLAHASSEE FL 32399

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL P. MCCAULEY

SECRETARY

04/09/2014

Electronic Signature of Signing Officer/Director Detail

Date