

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N96000004664

**FILED**  
**Jun 29, 2020**  
**Secretary of State**  
**3295389580CC**

**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 BEAUBIEN, BEAU  
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 COOPER, TANYA  
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 MARTIN, RICHARD  
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**

**06/29/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date