### 2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004664

**Entity Name: INLAND PROTECTION FINANCING CORPORATION** 

FILED
Jun 29, 2020
Secretary of State
3295389580CC

# **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	Title	e CEO
riue	U	TILLE	

Name BEAUBIEN, BEAU Name WILLIAMS, ASHBEL C

Address 200 EAST GAINES STREET Address 1801 HERMITAGE BLVD STE 100

City-State-Zip: TALLAHASSEE FL 32399 City-State-Zip: TALLAHASSEE FL 32308

Title D Title T

Name COOPER, TANYA Name COPELAND, ROBERT

Address 200 EAST GAINES STREET Address 1801 HERMITAGE BLVD., SUITE 100

City-State-Zip: TALLAHASSEE FL 32399 City-State-Zip: TALLAHASSEE FL 32308

Title S Title D

Name MCCAULEY, MICHAEL P Name MARTIN, RICHARD

Address 1801 HERMITAGE BLVD, SUITE 100 Address 200 EAST GAINES STREET

City-State-Zip: TALLAHASSEE FL 32308 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