

FILE NOW: FILING FEE IS \$61.25

FILED  
May 14 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 758608 (4)**  
1. Corporation Name  
**INNERARITY POINT VOLUNTEER FIRE DEPARTMENT, INC.**



Principal Place of Business <b>14250 INNERARITY RD. PENSACOLA FL 32507</b>	Mailing Address <b>14250 INNERARITY RD. PENSACOLA FL 32507</b>
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3. Date Incorporated or Qualified <b>06/03/1981</b>	
4. FEI Number <b>59-6151231</b>	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**ROSS, JOHN W  
3838 BAUER RD  
PENSACOLA FL 32508**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<input checked="" type="checkbox"/> SD	<input type="checkbox"/> DELETE
NAME	<b>RICHBOURG, JOHN</b>	
STREET ADDRESS	<b>13715 CANAL DR</b>	
CITY-ST-ZIP	<b>PENSACOLA, FL 00000</b>	
TITLE	<input checked="" type="checkbox"/> PD	<input type="checkbox"/> DELETE
NAME	<b>LLOYD, ROBERT</b>	
STREET ADDRESS	<b>12164 LONGWOOD DR.</b>	
CITY-ST-ZIP	<b>PENSACOLA FL</b>	
TITLE	<input checked="" type="checkbox"/> TD	<input checked="" type="checkbox"/> DELETE
NAME	<b>GREENE, RON</b>	
STREET ADDRESS	<b>5620 GALVEZ RD.</b>	
CITY-ST-ZIP	<b>PENSACOLA FL</b>	
TITLE	<input checked="" type="checkbox"/> D	<input type="checkbox"/> DELETE
NAME	<b>LEWIS, MARLIN</b>	
STREET ADDRESS	<b>14110 INNERARITY RD</b>	
CITY-ST-ZIP	<b>PENSACOLA FL</b>	
TITLE	<input checked="" type="checkbox"/> VD	<input type="checkbox"/> DELETE
NAME	<b>GILLISPIE, MARK</b>	
STREET ADDRESS	<b>5900 GROTTO AVENUE</b>	
CITY-ST-ZIP	<b>PENSACOLA, FL 00000</b>	
TITLE	<input checked="" type="checkbox"/> D	<input type="checkbox"/> DELETE
NAME	<b>MCGREEVY, MARTY</b>	
STREET ADDRESS	<b>5778 BRAND LAGOON BLVD</b>	
CITY-ST-ZIP	<b>PENSACOLA, FL 00000</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>D HANNA WEBER</b>
3.3 STREET ADDRESS	<b>11123 SEAFLADE DR</b>
3.4 CITY-ST-ZIP	<b>PENSACOLA FL</b>
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>TD</b>
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Marlin Lewis TD* 4/30/98

CR2E037 (10/97)