


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 22, 2005 8:00 am
Secretary of State

07-22-2005 90019 002 ****61.25

DOCUMENT # 758608					
1. Entity Name INNERARITY POINT VOLUNTEER FIRE DEPARTMENT, INC.					
Principal Place of Business 14250 INNERARITY RD. PENSACOLA, FL 32507			Mailing Address PO BOX 34108 PENSACOLA, FL 32507		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
IMPELLO, RONALD 1161 NAPLES DRIVE PENSACOLA, FL 32507				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	PD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CRAIG, RICHARD		NAME	LEWIS, DELBERT	
STREET ADDRESS	5691 GOLDARAS		STREET ADDRESS	5651 BOB-O-LINK RD	
CITY-ST-ZIP	PENSACOLA, FL 32507		CITY-ST-ZIP	PENSACOLA FL 32507	
TITLE	V	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IMPELLO, DONALD		NAME	IMPELLO, RONALD	
STREET ADDRESS	1161 NAPLES DR		STREET ADDRESS	1161 NAPLES DR	
CITY-ST-ZIP	PENSACOLA, FL 32507		CITY-ST-ZIP	PENSACOLA FL 32507	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEBER, HANNA		NAME	POKRANT, JIM	
STREET ADDRESS	11123 SEAGLADE DR		STREET ADDRESS	1425 BAWER RD	
CITY-ST-ZIP	PENSACOLA, FL		CITY-ST-ZIP	PENSACOLA FL 32506	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AMARCANTEL, ANGIE		NAME	AARON, MIKE	
STREET ADDRESS	12394 AILANTHAS		STREET ADDRESS	14250 INNERARITY POINT RD	
CITY-ST-ZIP	PENSACOLA, FL 32507		CITY-ST-ZIP	PENSACOLA FL 32507	
TITLE	D	<input type="checkbox"/> Delete	TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILLISPIE, MARK		NAME	GILLISPIE, MARK	
STREET ADDRESS	5244 CHOCTAW		STREET ADDRESS	5244 CHOCTAW	
CITY-ST-ZIP	PENSACOLA, FL 32507		CITY-ST-ZIP	PENSACOLA FL 32507	
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURLESON, ALANE		NAME		
STREET ADDRESS	12341 AILANTHAS		STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA, FL 32507		CITY-ST-ZIP		
12. 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 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 all other like empowered.					
SIGNATURE: <i>Delbert Lewis</i>		Date: 7/15/05		Daytime Phone #: (850) 492-2821	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
DELBERT LEWIS					

50056985



07152005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-6151231 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

FL Zip Code