


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # 758608
 1. Entity Name
INNERARITY POINT VOLUNTEER FIRE DEPARTMENT, INC.



Principal Place of Business Mailing Address
14250 INNERARITY RD. **PO BOX 34108**
PENSACOLA, FL 32507 **PENSACOLA, FL 32507**

DO NOT WRITE IN THIS SPACE



01232006 No Chg-NP CR2E037 (11/05)

4. FEI Number Applied For
59-6151231 Not Applicable

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

6. Name and Address of Current Registered Agent
IMPELLO, RONALD
1161 NAPLES DRIVE
PENSACOLA, FL 32507

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

00000531317
 05/06/06-80037-007 61.25

10. OFFICERS AND DIRECTORS

TITLE	TD
NAME	DELBERT, LEWIS
STREET ADDRESS	5651 BOB-O-LINK RD
CITY-ST-ZIP	PENSACOLA, FL 32507
TITLE	PD
NAME	IMPELLO, RONALD
STREET ADDRESS	1161 NAPLES DR
CITY-ST-ZIP	PENSACOLA, FL 32507
TITLE	D
NAME	POKRANT, JIM
STREET ADDRESS	1425 BAUER RD
CITY-ST-ZIP	PENSACOLA, FL 32506
TITLE	D
NAME	AARON, MIKE
STREET ADDRESS	14250 ZINNERARITY POINT RD
CITY-ST-ZIP	PENSACOLA, FL 32507
TITLE	VD
NAME	GILLISPIE, MARK
STREET ADDRESS	5244 CHOCTAW
CITY-ST-ZIP	PENSACOLA, FL 32507
TITLE	SD
NAME	BURLESON, ALANE
STREET ADDRESS	12341 AILANTHAS
CITY-ST-ZIP	PENSACOLA, FL 32507

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: R. Impello 1-24-06 251 978-9617
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #