

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758608

FILED  
Mar 01, 2010  
Secretary of State

**Entity Name:** INNERARITY POINT VOLUNTEER FIRE DEPARTMENT, INC.

**Current Principal Place of Business:**

14250 INNERARITY RD.  
PENSACOLA, FL 32507

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 34108  
PENSACOLA, FL 32507

**New Mailing Address:**

FEI Number: 59-6151231

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

IMPELLO, RONALD  
1161 NAPLES DRIVE  
PENSACOLA, FL 32507 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: TD  
Name: DELBERT, LEWIS  
Address: 5651 BOB-O-LINK RD  
City-St-Zip: PENSACOLA, FL 32507

Title: PD  
Name: IMPELLO, RONALD  
Address: 1161 NAPLES DR  
City-St-Zip: PENSACOLA, FL 32507

Title: D  
Name: WEBER, HANNAH  
Address: 11123 SEABLADE DR.  
City-St-Zip: PENSACOLA, FL 32507

Title: SD  
Name: ANBODY, DAVID  
Address: 5945 NORTH BAY POINT DRIVE  
City-St-Zip: PENSACOLA, FL 32507

Title: VD  
Name: GILLISPIE, MARK  
Address: UNIT 204 13335 JOHNSON BEACH RD  
City-St-Zip: PENSACOLA, FL 32507

Title: D  
Name: RUSS, MATTHIAS  
Address: 14250 INNERARITY POINT ROAD  
City-St-Zip: PENSACOLA, FL 32507

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: DELBERT G LEWIS

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03/01/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date