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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N19535

1. Corporation Name

INNERARITY ISLAND ASSOCIATION, INC.

Principal Place of Business

SUITE 21
4300 BAYOU BLVD.
PENSACOLA FL 32503

Mailing Address

SUITE 21
4300 BAYOU BLVD.
PENSACOLA FL 32503



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

03/05/1987

4. FEI Number

59-8334327

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

SHELL, THURSTON A.
SEVENTH FLOOR, SEVILLE TOWER
226 SOUTH PALAFOX STREET
PENSACOLA FL 32501

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME DENNISON, FAYETTE
STREET ADDRESS 1921 SEVILLE DRIVE
CITY-ST-ZIP PENSACOLA FL

TITLE VD ☒ DELETE
NAME DENNISON, JEWELL D.
STREET ADDRESS 1921 SEVILLE DRIVE
CITY-ST-ZIP PENSACOLA FL

TITLE STD ☐ DELETE
NAME DENNISON, DEAN F.
STREET ADDRESS 4300 BAYOU BLVD.SUITE 21
CITY-ST-ZIP PENSACOLA FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition
1.2 NAME DANA J. DENNISON
1.3 STREET ADDRESS 330 SILVER ROAD
1.4 CITY-ST-ZIP PENSACOLA FL 32503

2.1 TITLE D ☐ Change ☒ Addition
2.2 NAME VANN Goodloe
2.3 STREET ADDRESS 16318 NORTH SHORE DRIVE
2.4 CITY-ST-ZIP PENSACOLA FL 32507

3.1 TITLE D ☐ Change ☒ Addition
3.2 NAME BILL Leig
3.3 STREET ADDRESS 16317 NORTH SHORE ~~RD~~ DRIVE
3.4 CITY-ST-ZIP PENSACOLA FL 32507

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

Fayette Dennison
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Fayette Dennison

(850) 476-1788

Date

Daytime Phone #

CR2E037 (11/98)