


# 2005. NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 11, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N19535</b> 1. Entity Name INNERARITY ISLAND ASSOCIATION, INC.	
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Principal Place of Business SUITE 21 4300 BAYOU BLVD. PENSACOLA, FL 32503	Mailing Address SUITE 21 4300 BAYOU BLVD. PENSACOLA, FL 32503
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**DO NOT WRITE IN THIS SPACE**



01052005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-8334327	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DENNISON, FAYETTE 1921 SEVILLE DRIVE PENSACOLA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD DENNISON, DEAN F. 4300 BAYOU BLVD.SUITE 21 PENSACOLA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DENNISON, DANA D 330 SILVER RD PENSACOLA, FL 32503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOODLOE, VANN 16318 N SHORE DR PENSACOLA, FL 32507
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEIB, BILL 16317 N SHORE DR PENSACOLA, FL 32507
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WARD, JOSEPH E 5480 NORTH SHORE RD PENSACOLA, FL 32507

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IN THIS SPACE**

U00000177287  
01/11/05-80030-025 61.25

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: Joyita Dennison Fayette DENNISON 1-6-05 850-478-7466

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #