

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758608

FILED
Mar 07, 2009
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 () Delete
Name: DELBERT, LEWIS
Address: 5651 BOB-O-LINK RD
City-St-Zip: PENSACOLA, FL 32507

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

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

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

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

Title: D () Delete
Name: DUBOSE, KC
Address: 6209 DON CARLOS DR.
City-St-Zip: PENSACOLA, FL 32507

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MATHEWS, WALTER
Address: 1125 NAPLES DR
City-St-Zip: PENSACOLA, FL 32507

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DELBERT G. LEWIS

TD

03/07/2009

Electronic Signature of Signing Officer or Director

Date