FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -1 PM 12:48

DOCUMENT # 705645 (0)

1. Corporation Name
THE WATERFRONT RESCUE MISSION, INC.

Principal Place of Business	Mailing Address
16 WEST MAIN STREET PENSACOLA FL 32594	P. O. BOX 870 PENSACOLA FL 32594

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/22/1963
3a. Date of Last Report: 01/26/1994
4. FEI Number: 59-0838106 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

GRAY, LUTHER EDMOND, JR "LEO"
16 W MAIN ST
PENSACOLA FL 32594

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	ROBERTSON, WILSON	1.2 NAME	
STREET ADDRESS	P.O. BOX 1591 N/A	1.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32597	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	V ☒ Change ☐ Addition
NAME	BELL, KEN	2.2 NAME	Dee Enzor
STREET ADDRESS	3149 BELLE CHRISTIANE PL	2.3 STREET ADDRESS	4111 McClellan Rd.
CITY-ST-ZIP	PENSACOLA FL 32503	2.4 CITY-ST-ZIP	Pensacola, FL 32503
TITLE	2V	3.1 TITLE	2V ☒ Change ☐ Addition
NAME	ENSOR, DEE	3.2 NAME	Greg Smith
STREET ADDRESS	4111 MCCLELLAN RD.	3.3 STREET ADDRESS	1898 Turnberry
CITY-ST-ZIP	PENSACOLA FL 32503	3.4 CITY-ST-ZIP	Ft. Walton Beach, FL 32548
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	OAKS, MICHAEL	4.2 NAME	
STREET ADDRESS	P.O. BOX 1151 N/A	4.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32520	4.4 CITY-ST-ZIP	
TITLE	SD	5.1 TITLE	☐ Change ☐ Addition
NAME	WELK, CHARLES	5.2 NAME	
STREET ADDRESS	2420 W. DELANO ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32505	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	GRAY, LEO	6.2 NAME	
STREET ADDRESS	1501 NEW HOPE RD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	GULF BREEZE FL 32561	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 above, or on an attachment with an address.

SIGNATURE: [signature] Leo Gray Executive Director 1/24/95 904 438-4027
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #

0021007