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Feb 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

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 32594-0870

3. Date Incorporated or Qualified: **05/22/1963**
3a. Date of Last Report: **02/14/1996**

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / Country — 30

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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 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 _____ 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	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BELL, KEN		1.2 NAME		
STREET ADDRESS	3149 BELLE CHRISTIANE PL		1.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL		1.4 CITY-ST-ZIP		
TITLE	V	☒ DELETE	2.1 TITLE	1st Vice Pres.	☒ Change ☐ Addition
NAME	PERKINS, MICHAEL A.		2.2 NAME	Enzor, Dee	
STREET ADDRESS	125 W ROMANA ST, STE 800		2.3 STREET ADDRESS	4111 McClellan Rd.	
CITY-ST-ZIP	PENSACOLA FL		2.4 CITY-ST-ZIP	Pensacola, FL 32503	
TITLE	V	☒ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	SMITH, MILTON		3.2 NAME		
STREET ADDRESS	1009 SCENIC HWY		3.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	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	☐ DELETE	5.1 TITLE		☐ Change ☒ Addition
NAME	NAPIER, JOE		5.2 NAME		
STREET ADDRESS	2480 HALLMARK DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL		5.4 CITY-ST-ZIP	Zip Code: 32503	
TITLE	D	☐ DELETE	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		

CR2E037 (9/96)

14. I do 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.

SIGNATURE: Leo Gray SIGNATURE REQUIRED 1-24-97 (904) 438-4027
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0074867