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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **705645**

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 05/22/1963
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-0838106 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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	VP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ENZOR, DEE		2.2 NAME		
STREET ADDRESS	4111 MCCLELLAN RD		2.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WELK, CHARLES		3.2 NAME		
STREET ADDRESS	2420 W DELANO ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	PENSACOLA FL 32505		3.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	4.1 TITLE	SD	☒ Change ☐ Addition
NAME	NAPIER, JOE		4.2 NAME	Oaks, Mike	
STREET ADDRESS	2480 HALLMARK DR		4.3 STREET ADDRESS	P. O. Box 1151	
CITY-ST-ZIP	PENSACOLA FL		4.4 CITY-ST-ZIP	Pensacola, FL 32520	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	GRAY, LEO		5.2 NAME		
STREET ADDRESS	1501 NEW HOPE RD.		5.3 STREET ADDRESS		
CITY-ST-ZIP	GULF BREEZE FL 32561		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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: Leo Gray SIGNATURE REQUIRED Executive Director (850)438-4027 1/4/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #