## 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT#** 705645

1. Entity Name

## THE WATERFRONT RESCUE MISSION, INC.

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**FILED** Jan 27, 2003 8:00 am Secretary of State
01-27-2003 90346 032 \*\*\*\*61.25

Principal Plac	e of Business		Mailir	ng Address				1					
16 WEST MAIN STREET			P. 0	. BOX 870		ŀ							
PENSACOLA FL 32594			PENSACOLA FL 32594										
												<b>                                    </b>	
2. Principal Place of Business				3. Mailing Address									
Suite, Apt. #, etc.				Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
				Cit. 9 Chata				4 55.11				A 1/+ -1 F	7
City & State				City & State				4. FEI Number	59-083810	16	-	Applied For Not Applicable	,
Zip Country			Zip Co			ntry		5. Certificate of Status Desired Security			dditional	1	
	6. Name	and Address of Current	Register	Registered Agent			7. Name and Address of New Registered Agent						
······································			<u> </u>			Name	. <del></del>					· · · · · · · · · · · · · · · · · · ·	1
		NOND, JR "LEO"		- 5			Street Address (P.O. Box Number is Not Acceptable)						
16 W MA		504						<del></del>	<del></del>		_		-
PENSAU	OLA FL 325	994									1 7: 6		╛
						City				FL	Zip Co	ode	
	named entity	submits this statement for	r the purp	cose of changing its	registere	ed office o	r registere	ed agent, or both,	in the State of F	lorida. I am fa	amiliar with	n, and accept	
tile obligati	ions or regist	ered agent.			,								
SIGNATURE _	·										_		
	Signature, typed	or printed name of registered agent a	and title if ap	plicable. (NOTE	: Registered	d Agent signar	ture required	when reinstating)		DATE			
				9. Election Carr	noiga E	inanaina		<b>ME 00</b>		ake Check	Davable	n to	Ì
F	FILE NOW	: FEE IS \$61.25	ノ	Trust Fund C				\$5.00 May Be Added to Fees		ida Depart			1
		055,0500 4110 015	FOTOR					COLTION IO (OLLA	LOED TO OFFICE		FOTODO	(1) (2)	]
10.	PD	OFFICERS AND DIF	ECTORS	Delete	11.		<u> </u>	ADDITIONS/CHAP	IGES TO OFFIC	ERS AND DIR	Change		5
NAME	BOYD, LA	DON		C Delete	NAME						LJ Ondingo		10/0
STREET ADDRESS		ELLAN RD				ET ADDRESS							137 (
CITY-ST-ZIP	VD PENSACU	OLA FL 32503			-	ST-ZIP	<u> </u>		<del>,</del>		C7 Channa		٦ <u>٢</u>
TITLE NAME	BREAULT	. MICK		☐ Delete	TITLE				,		☐ Change	Addition	5
STREET ADDRESS	2700 HW	Y 97				ET ADDRESS	]_			•			
City-St-Zip	MOUNO	FL 32577			+	ST-ZIP				of 55 To			-
TITLE NAME	i td Bell, kei	N TE		Delete	TITLE		Cha	rles Well	4		Change	Addition	
STREET ADDRESS		LE CHRISTIANE PL					242	10 W. De	lano St	•			
CITY-ST-ZIP		OLA FL 32503			CITY-	ST-ZIP	Pen	sacola,	FL 32	<u> 505</u>			
TITLE NAME	SD Oaks, Mi	VE		☐ Delete	TITLE		<u> </u>	•			☐ Change	☐ Addition	
STREET ADDRESS		RVANTES ST				ET ADDRESS							
CITY-ST-ZIP		)LA FL 32501			CITY-	ST-ZIP							_}
TITLE	D	•		☐ Delete	TITLE						Change	☐ Addition	1
NAME STREET ADDRESS	GRAY, LE	u L pine trail			NAME	: Et address							
CITY-ST-ZIP		EEZE FL 32561				ST-ZIP							-
TITLE	D			Delete	TITLE					<del></del>	☐ Change	Addition	1
NAME	MYERS, F			• -	NAME								
STREET ADDRESS 2551 PINE FOREST RD CANTONMENT FL 32533						T ADDRESS ST-ZIP							
	OVI41 OIA	HEIAL I F DEODO					L						4

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 eddress, with all other like empowered.

SIGNATURE:

JRE REQUIRED

Leo Gray 1/23/