

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000002385 (1)

1. Corporation Name

THE WATERFRONT RESCUE MISSION FOUNDATION, INC.



Principal Place of Business

Mailing Address

16 WEST MAIN STREET
PENSACOLA FL 32594

16 WEST MAIN STREET
PENSACOLA FL 32594

3. Date Incorporated or Qualified
05/18/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

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

10. Name and Address of New Registered Agent

LEUCHTMAN, GARY B
3 WEST GARDEN STREET, SUITE 700
PENSACOLA FL 32501

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE CD
NAME ROBERTSON, WILSON
STREET ADDRESS 16 WEST MAIN STREET
CITY-ST-ZIP PENSACOLA FL 32594

TITLE CD
NAME ENZOR, DEE
STREET ADDRESS 16 WEST MAIN STREET
CITY-ST-ZIP PENSACOLA FL 32594

TITLE CD
NAME SMITH, GREG
STREET ADDRESS 16 WEST MAIN STREET
CITY-ST-ZIP PENSACOLA FL 32594

TITLE SD
NAME WELK, CHARLES
STREET ADDRESS 16 WEST MAIN STREET
CITY-ST-ZIP PENSACOLA FL 32594

TITLE TD
NAME OAKS, MIKE
STREET ADDRESS 16 WEST MAIN STREET
CITY-ST-ZIP PENSACOLA FL 32594

TITLE D
NAME DYE, RICK
STREET ADDRESS 16 WEST MAIN STREET
CITY-ST-ZIP PENSACOLA FL 32594

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE PD
12 NAME Bell, Ken
13 STREET ADDRESS 3149 Belle Christiane Pl.
14 CITY-ST-ZIP Pensacola, FL 32503

21 TITLE 1st V.P.
22 NAME Perkins, Michael A.
23 STREET ADDRESS 125 W. Romana St., Ste. 800
24 CITY-ST-ZIP Pensacola, FL 32501

31 TITLE 2nd V.P.
32 NAME Smith, Milton
33 STREET ADDRESS 1009 Scenic Hwy.
34 CITY-ST-ZIP Pensacola, FL 32514

41 TITLE SD
42 NAME Napier, Joe
43 STREET ADDRESS 2480 Hallmark Dr.
44 CITY-ST-ZIP Pensacola, FL 32503

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 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)(k), 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, changed, or on an attachment with an address.

SIGNATURE: Leo Gray, Executive Director

01/19/96

(904)438-4027

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)