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Mar 03 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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 3259416 WEST MAIN STREET
PENSACOLA FL 32501-59283. Date Incorporated or Qualified
05/18/19953a. Date of Last Report
03/21/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-0838106

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME BELL, KEN
STREET ADDRESS 3149 BELLE CRISTIANE PL.
CITY-ST-ZIP PENSACOLA FL 325031.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE VP
NAME PERKINS, MICHAEL A
STREET ADDRESS 125 W. ROMANA ST., STE. 800
CITY-ST-ZIP PENSACOLA FL 325012.1 TITLE 1st Vice Pres.
2.2 NAME Enzor, Dee
2.3 STREET ADDRESS 4111 McClellan Rd.
2.4 CITY-ST-ZIP Pensacola, FL 32503TITLE VP
NAME SMITH, MILTON
STREET ADDRESS 1009 SCENIC HWY.
CITY-ST-ZIP PENSACOLA FL 325143.1 TITLE 2nd Vice Pres.
3.2 NAME Welk, Charles
3.3 STREET ADDRESS 2420 W. Delano St.
3.4 CITY-ST-ZIP Pensacola, FL 32505TITLE SD
NAME NAPIER, JOE
STREET ADDRESS 2480 HALLMARK DR.
CITY-ST-ZIP PENSACOLA FL 325034.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE TD
NAME OAKS, MIKE
STREET ADDRESS 16 WEST MAIN STREET
CITY-ST-ZIP PENSACOLA FL 325945.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIPTITLE D
NAME DYE, RICK
STREET ADDRESS 16 WEST MAIN STREET
CITY-ST-ZIP PENSACOLA FL 325946.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 904-438-4027

CR2E037 (9/96)