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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000002385

1. Corporation Name

THE WATERFRONT RESCUE MISSION FOUNDATION, INC.

Principal Place of Business

16 WEST MAIN STREET
PENSACOLA FL 32594

Mailing Address

16 WEST MAIN STREET
PENSACOLA FL 32594

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	05/18/1995
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	59-0838106
24 Country	29 Country	Applied For
		Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>
		\$8.75 Additional Fee Required
		6. Election Campaign Financing <input type="checkbox"/>
		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

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

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

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 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELL, KEN	1.2 NAME	
STREET ADDRESS	3149 BELLE CRISTIANE PL.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32503	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENZOR, DEE	2.2 NAME	
STREET ADDRESS	4111 MCCLELLAN RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32503	2.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MYERS RAY	3.2 NAME	
STREET ADDRESS	5972 PURSLEY AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32526	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAPIER, JOE	4.2 NAME	Mike Oaks
STREET ADDRESS	2480 HALLMARK DR.	4.3 STREET ADDRESS	P. O. Box 1151
CITY-ST-ZIP	PENSACOLA FL 32503	4.4 CITY-ST-ZIP	Pensacola, FL 32520
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELK, CHARLES	5.2 NAME	
STREET ADDRESS	2420 W DELANO ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32505	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DYE, RICK	6.2 NAME	
STREET ADDRESS	16 WEST MAIN STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	PENSACOLA FL 32594	6.4 CITY-ST-ZIP	

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: *[Signature]* SIGNATURE REQUIRED: Executive Director 1/4/99 (850) 438-4027

TREASURER

2420 W. DELANO ST. PENSACOLA, FL 32505

CR2E037 (11/98)