

DOCUMENT # N95000002385

1. Entity Name

THE WATERFRONT RESCUE MISSION FOUNDATION, INC.**FILED**
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90014 046 ****61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

16 WEST MAIN STREET
PENSACOLA FL 3259416 WEST MAIN STREET
PENSACOLA FL 32501-3128

2. Principal Place of Business

16 West Main Street

3. Mailing Address

P. O. Box 870

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Pensacola, FL

City & State

Pensacola, FL

4. FEI Number

59-0838106

Applied For

Not Applicable

Zip

32501

Country

Escambia

Zip

32594-0870

Country

Escambia

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to**
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME	PD BELL, KEN	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	3149 BELLE CRISTIANE PL.	
CITY-ST-ZIP	PENSACOLA FL 32503	
TITLE NAME	VP ENZOR, DEE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	4111 MCCLELLAN RD	
CITY-ST-ZIP	PENSACOLA FL 32503	
TITLE NAME	VP MYERS RAY	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	5972 PURSLEY AVE	
CITY-ST-ZIP	PENSACOLA FL 32526	
TITLE NAME	SD OAKS, MIKE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	PO BOX 1151	
CITY-ST-ZIP	PENSACOLA FL 32503	
TITLE NAME	TD WELK, CHARLES	<input type="checkbox"/> Delete
STREET ADDRESS	2420 W DELANO ST	
CITY-ST-ZIP	PENSACOLA FL 32505	
TITLE NAME	D DYE, RICK	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	16 WEST MAIN STREET	
CITY-ST-ZIP	PENSACOLA FL 32594	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	P/D Dye, Rick	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	112 W. Cervantes St.	
CITY-ST-ZIP	Pensacola, FL 32501	
TITLE NAME	VP/D Boyd, LaDon	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3970 McClellan Road	
CITY-ST-ZIP	Pensacola, FL 32503	
TITLE NAME	D Myers, Ray	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	5972 Pursley Ave.	
CITY-ST-ZIP	Pensacola, FL 32526	
TITLE NAME	S/D Jones, Jr., Elbert	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	324 W. Strong St.	
CITY-ST-ZIP	Pensacola, FL 32501	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	D Bell, Ken	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	3149 Belle Christiane Pl.	
CITY-ST-ZIP	Pensacola, FL 32503	

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 address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(850) 438-4027

CR2E037 (9/99)