


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State

02-02-2004 90031 002 ****61.25

DOCUMENT # N95000002385	
1. Entity Name THE WATERFRONT RESCUE MISSION FOUNDATION, INC.	

Principal Place of Business 16 WEST MAIN STREET PENSACOLA, FL 32501	Mailing Address PO BOX 870 PENSACOLA, FL 32594
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44006198

2. Principal Place of Business 16 W MAIN ST Suite, Apt. #, etc.	3. Mailing Address PO BOX 870 Suite, Apt. #, etc.
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01162004 Chg-NP CR2E037 (10/03)

City & State PENSACOLA, FL	City & State PENSACOLA, FL
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4. FEI Number 59-0838106	Applied For Not Applicable
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Zip 32502	Country USA	Zip 32591	Country USA
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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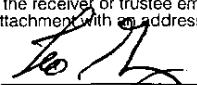
6. Name and Address of Current Registered Agent LEUCHTMAN, GARY B 3 WEST GARDEN STREET, SUITE 700 PENSACOLA, FL 32501	
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7. Name and Address of New Registered Agent Name Same Street Address (P.O. Box Number is Not Acceptable) 501 COMMENDENCIA ST City PENSACOLA FL Zip Code 32502	
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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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BOYD, LADON 3970 MCCLELLAN RD PENSACOLA, FL 32503 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ALLCOTT, CHARLES 40 N PALAFOX ST PENSACOLA, FL 32502 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BREault, MICK 2700 HWY 97 MOLINO, FL 32577 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELL, JACKIE 25 W CEDAR ST, STE 500 PENSACOLA, FL 32502 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD OAKS, MIKE 112 W CERVANTES ST PENSACOLA, FL 32501 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DICKSON, MAX 10101 CREST RIDGE DR PENSACOLA, FL 32514 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WELK, CHARLES 2420 W. DELANO ST. PENSACOLA, FL 32505 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ENZOR, DEE 4111 MCCLELLAN RD PENSACOLA, FL 32503 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAY, LEO 1260 TALL PINE TRAIL GULF BREEZE, FL 32561 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MIMS, LAMBERT 3008 BRYANT RD MOBILE, AL 36607 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MYERS, RAY 2551 PINE FOREST RD CANTONMENT, FL 32533 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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:  <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Leo Gray, Executive Director Date: 1/21/04 Daytime Phone #: (850)438-4027

attachment

Item 11 Continued:

19500002385
44006198

☒ Addition

D
PARSLEY, SHANNON
4340 BEAU TERRA LN
PENSACOLA, FL 32514

☒ Addition

D
ROBERTSON, WILSON
3057 KNOTTY PINES DR
PENSACOLA, FL 32505

☒ Addition

D
SHELL, STEVE
SEVILLE TOWER
PENSACOLA, FL 32501

☒ Addition

D
WILLIAMS, JOSEPHINE
3414 W HERNANDEZ ST
PENSACOLA, FL 32505