

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2006 08:00 AM
Secretary of State

DOCUMENT # N95000002385

1. Entity Name
**THE WATERFRONT RESCUE MISSION FOUNDATION,
INC.**



Principal Place of Business
**16 WEST MAIN STREET
PENSACOLA, FL 32502**

Mailing Address
**PO BOX 870
PENSACOLA, FL 32591**



04102006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0838106	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**LEUCHTMAN, GARY B
501 COMMENDENCIA ST
PENSACOLA, FL 32502**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PARSLEY, SHANNON 4340 BEAU TERRA LN PENSACOLA, FL 32514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BREAUULT, MICK 2700 HWY 97 MOLINO, FL 32577
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROBERTSON, WILSON PO BOX 7548 PENSACOLA, FL 32514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WELK, CHARLES 2420 W. DELANO ST. PENSACOLA, FL 32505
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRAY, LEO 1260 TALL PINE TRAIL GULF BREEZE, FL 32561
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELL, JACKIE 25 W. CEDAR ST STE 500 PENSACOLA, FL 32502

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05/06/06-80040-003 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Leo GRAY, CEO 4/23/2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #