

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2008 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**



04162008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-0838106

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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
BREAULT, 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
SHELL, STEVE
P.O. BOX 1831
PENSACOLA, FL 32598**

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/2008