

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90345 043 *****61.25

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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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-0838106**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

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. 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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
NAME **BOYD, LADON**
STREET ADDRESS **3970 MCCLELLAN RD**
CITY-ST-ZIP **PENSACOLA FL 32503**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPD** ☐ Delete
NAME **BREAULT, MICK**
STREET ADDRESS **2700 HWY 97**
CITY-ST-ZIP **MOLINO FL 32577**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **MYERS, RAY**
STREET ADDRESS **2551 PINE FOREST RD**
CITY-ST-ZIP **PENSACOLA FL 32533**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME **OAKS, MIKE**
STREET ADDRESS **112 W CERVANTES ST**
CITY-ST-ZIP **PENSACOLA FL 32501**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☒ Delete
NAME **BELL, KEN**
STREET ADDRESS **3149 BELLE CHRISTIANE PL**
CITY-ST-ZIP **PENSACOLA FL 32503**

TITLE **TD** ☒ Change ☐ Addition
NAME **Charles Welk**
STREET ADDRESS **2420 W. Delano St.**
CITY-ST-ZIP **Pensacola, FL 32505**

TITLE **D** ☐ Delete
NAME **GRAY, LEO**
STREET ADDRESS **1260 TALL PINE TRAIL**
CITY-ST-ZIP **GULF BREEZE FL 32561**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 REQUIRED

Leo Gray

1/23/03 (850) 438-4027

CR2E037 (10/02)