

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000002385

Entity Name: THE WATERFRONT RESCUE MISSION FOUNDATION, INC.**Current Principal Place of Business:**350 W. HERMAN STREET
PENSACOLA, FL 32505**Current Mailing Address:**PO BOX 870
PENSACOLA, FL 32591**FEI Number:** 31-1480651**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**ROMANO, CLAYTON
350 W. HERMAN STREET
PENSACOLA, FL 32503 US*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:** CLAYTON ROMANO

01/13/2025

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT/CEO
Name ROMANO, CLAYTON
Address 350 W. HERMAN STREET
City-State-Zip: PENSACOLA FL 32505

Title TREASURER
Name BOSTWICK, ERIC
Address 7456 KLONDIKE ROAD
City-State-Zip: PENSACOLA FL 32526

Title CFO
Name BRANTLEY, ANDREW
Address 350 W. HERMAN STREET
City-State-Zip: PENSACOLA FL 32505

Title DIRECTOR
Name MILLETT, RAY
Address 350 W. HERMAN STREET
City-State-Zip: PENSACOLA FL 32505

Title DIRECTOR
Name SMITH, LONNIE
Address 350 W. HERMAN STREET
City-State-Zip: PENSACOLA FL 32505

Title SECRETARY
Name SHARP, JOY
Address 350 W. HERMAN STREET
City-State-Zip: PENSACOLA FL 32505

Title CHAIRMAN
Name SCOTT, WILL
Address 350 W. HERMAN STREET
City-State-Zip: PENSACOLA FL 32505

Title VC
Name YOUNG, DEKENDELL
Address 350 W. HERMAN STREET
City-State-Zip: PENSACOLA FL 32505

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ANDREW BRANTLEYVICE PRESIDENT -
FINANCE

01/13/2025

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name MAYGARDEN, JERRY
Address 350 W. HERMAN STREET
City-State-Zip: PENSACOLA FL 32505

Title DIRECTOR
Name WESLEY, LONNIE PASTOR
Address 901 N. A STREET
City-State-Zip: PENSACOLA FL 32501

Title DIRECTOR
Name WRIGHT, PHILLIP L
Address 525 CLAIRBROOK, CT
City-State-Zip: GREER SC 29651

Title DIRECTOR
Name MCCURDY, AARON
Address 719 S. PALAFOX STREET
City-State-Zip: PENSACOLA FL 32502

Title DIRECTOR
Name PORTER, MATTHEW
Address 350 W HERMAN ST
City-State-Zip: PENSACOLA FL 32505