

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N95000002385

**Entity Name:** THE WATERFRONT RESCUE MISSION FOUNDATION, INC.**Current Principal Place of Business:**380 W. HERMAN STREET  
PENSACOLA, FL 32505**Current Mailing Address:**PO BOX 870  
PENSACOLA, FL 32591**FEI Number: 31-1480651****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SIMMONS, DEVIN  
380 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:** DEVIN SIMMONS

01/15/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name ROBERTSON, WILSON  
Address PO BOX 7548  
City-State-Zip: PENSACOLA FL 32514

Title DIRECTOR  
Name SHELL, STEVE  
Address PO BOX 1831  
City-State-Zip: PENSACOLA FL 32598

Title DIRECTOR  
Name KELLY, CHRIS  
Address 5080 LEESWAY TERRACE  
City-State-Zip: PENSACOLA FL 32504

Title DIRECTOR  
Name SIMMONS, DEVIN  
Address 380 W. HERMAN STREET  
City-State-Zip: PENSACOLA FL 32505

Title DIRECTOR  
Name BELL, KEN  
Address 147 SUGARBERRY RD.  
City-State-Zip: PENSACOLA FL 32514

Title DIRECTOR  
Name ATKINS, TIM  
Address 25 CEDAR STREET, STE. 600  
City-State-Zip: PENSACOLA FL 32502

Title PRESIDENT  
Name KING, MARK  
Address 5517 SILVERBELL CT  
City-State-Zip: PENSACOLA FL 32526

Title DIRECTOR  
Name PORTER, JOHN  
Address 8658 FOXTAIL LOOP  
City-State-Zip: PENSACOLA FL 32526

**Continues on page 2**

*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:** DEVIN K SIMMONS

PRESIDENT

01/15/2020

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title VP  
Name PRINCIPE, ADAM  
Address 1207 WINGS WAY  
City-State-Zip: CANTONMENT FL 32533

Title TREASURER  
Name ROMANO, CLAY  
Address 2317 TRAILWOOD DR  
City-State-Zip: CANTONMENT FL 32533

Title DIRECTOR  
Name HENDERSON, TODD  
Address 380 W. HERMAN STREET  
City-State-Zip: PENSACOLA FL 32505

Title DIRECTOR  
Name MARTIN, ANDREW  
Address 2600 DEVLIN WAY  
City-State-Zip: CANTONMENT FL 32533

Title SECRETARY  
Name MURPHY, BOB  
Address 380 W. HERMAN STREET  
City-State-Zip: PENSACOLA FL 32505