

2014 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:**MICK J BREAUT
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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CHAIRMAN
Name JONES, PETE
Address 8757-B RAND AVENUE
City-State-Zip: DAPHNE AL 36526

Title MEMBER AT LARGE
Name GRAYSON, ED
Address 144 CEVALLOS STREET
City-State-Zip: PENSACOLA FL 32502

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

Title TREASURER
Name WELK, CHARLES
Address 2821 COPTER RD. STE. 700
City-State-Zip: PENSACOLA FL 32514

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

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

Title PRESIDENT
Name BREAUT, MICK
Address 380 W. HERMAN STREET
City-State-Zip: PENSACOLA FL 32505

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

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: MICK BREAUT**PRESIDENT****03/14/2014**

Electronic Signature of Signing Officer/Director Detail

Date