

2016 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:**DEVIN SIMMONS
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:** MICK BREAUT

03/08/2016

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

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

Title MEMBER AT LARGE
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 SIMMONS, DEVIN
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

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

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 SIMMONS

PRESIDENT

03/08/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title DIRECTOR
Name NEWMAN, RAYMOND
Address 348 MIRACLE STRIP PKWY SW
City-State-Zip: FT. WALTON BEACH FL 32548

Title DIRECTOR
Name INGE, CLIF
Address 204 LANIER AVE
City-State-Zip: MOBILE AL 36607

Title DIRECTOR
Name MAY, LU TIMOTHY
Address 1000 NORTH L STREET
City-State-Zip: PENSACOLA FL 32501

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