

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 803387 (0)

1. Corporation Name

THE SALVATION ARMY



Principal Place of Business

Mailing Address

% LEGAL DEPARTMENT  
1424 NE EXPRESSWAY N.E.  
ATLANTA GA 30329

% LEGAL DEPARTMENT  
1424 NE EXPRESSWAY N.E.  
ATLANTA GA 30329

3. Date Incorporated or Qualified  
09/10/1928

3a. Date of Last Report  
02/16/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

58-0660607

Applied For

Not Applicable

22 Suite, Apt. #, etc.

Suite, Apt. #, etc.

23 City & State

27 City & State

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

24 Zip

25 Country

29 Zip

30 Country

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SWYERS, PHILIP  
3101 LAKE ELLEN LANE  
TAMPA FL 33618

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CT ☒ DELETE  
NAME HODDER, KENNETH L.  
STREET ADDRESS 615 SLATERS LANE  
CITY-ST-ZIP ALEXANDRIA VA

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME Watson, Robert A.  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE P ☐ DELETE  
NAME HOOD, KENNETH  
STREET ADDRESS 1424 N.E. EXPWY.  
CITY-ST-ZIP ATLANTA GA

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE VPT ☐ DELETE  
NAME SWYERS, GORDON B.  
STREET ADDRESS 1424 N.E. EXPWY.  
CITY-ST-ZIP ATLANTA GA

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ATT ☐ DELETE  
NAME WARD, H. AL  
STREET ADDRESS 1424 N.E. EXPWY.  
CITY-ST-ZIP ATLANTA GA

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME ATT  
4.3 STREET ADDRESS Mothershead, David R.  
4.4 CITY-ST-ZIP 1424 N.E. Expwy.  
Atlanta, GA 30329

TITLE TAS ☐ DELETE  
NAME JAYNES, STANLEY  
STREET ADDRESS 1424 N.E. EXPWY.  
CITY-ST-ZIP ATLANTA GA

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE S ☐ DELETE  
NAME BENNETT, JOSEPH R.  
STREET ADDRESS 1424 N.E. EXPWY.  
CITY-ST-ZIP ATLANTA GA

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CP2E037 (12/95)