

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: % LEGAL DEPARTMENT, 1424 NE EXPRESSWAY N.E., ATLANTA GA 30329
Mailing Address: % 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 (21) and Mailing Address (26) fields with sub-fields for Suite, City & State, Zip, and Country.
4. FEI Number: **58-0660607** (Applied For/Not Applicable)
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: **SWYERS, PHILIP, 3101 LAKE ELLEN LANE, TAMPA FL 33618**
10. Name and Address of New Registered Agent (81-84):
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: CT	NAME: HODDER, KENNETH L. STREET ADDRESS: 615 SLATERS LANE CITY-ST-ZIP: ALEXANDRIA VA	1.1 TITLE: _____	1.2 NAME: Watson, Robert A.
TITLE: P	NAME: HOOD, KENNETH STREET ADDRESS: 1424 N.E. EXPWY. CITY-ST-ZIP: ATLANTA GA	2.1 TITLE: _____	2.2 NAME: _____
TITLE: VPT	NAME: SWYERS, GORDON B. STREET ADDRESS: 1424 N.E. EXPWY. CITY-ST-ZIP: ATLANTA GA	3.1 TITLE: _____	3.2 NAME: _____
TITLE: ATT	NAME: WARD, H. AL STREET ADDRESS: 1424 N.E. EXPWY. CITY-ST-ZIP: ATLANTA GA	4.1 TITLE: ATT	4.2 NAME: Mothershead, David R.
TITLE: TAS	NAME: JAYNES, STANLEY STREET ADDRESS: 1424 N.E. EXPWY. CITY-ST-ZIP: ATLANTA GA	4.3 STREET ADDRESS: 1424 N.E. Expwy.	4.4 CITY-ST-ZIP: Atlanta, GA 30329
TITLE: S	NAME: BENNETT, JOSEPH R. STREET ADDRESS: 1424 N.E. EXPWY. CITY-ST-ZIP: ATLANTA GA	5.1 TITLE: _____	5.2 NAME: _____
		5.3 STREET ADDRESS: _____	5.4 CITY-ST-ZIP: _____
		6.1 TITLE: _____	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 on an attachment with an address.

SIGNATURE: *S. Bennett*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: _____
Date: _____ Daytime Phone #: _____

CR2E037 (12/95)