

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997**  
**AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).**

**FILED**

**Aug 11 1997 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

3. Date Incorporated or Qualified <b>09/10/1928</b>	3a. Date of Last Report <b>02/26/1996</b>
4. FEI Number <b>58-0660607</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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 Name  
**DONALD FAULKNER**

82 Street Address (P.O. Box Number is Not Acceptable)  
**3101 LAKE ELLEN LANE**

83

84 City  
**TAMPA**

85 Zip Code  
**FL 33618**

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 *D.S. Faulkner*  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	CT	<input type="checkbox"/> DELETE
NAME	<b>WATSON, ROBERT A</b>	
STREET ADDRESS	<b>615 SLATERS LANE</b>	
CITY-ST-ZIP	<b>ALEXANDRIA VA</b>	
TITLE	P	<input type="checkbox"/> DELETE
NAME	<b>HOOD, KENNETH</b>	
STREET ADDRESS	<b>1424 N.E. EXPWY.</b>	
CITY-ST-ZIP	<b>ATLANTA GA</b>	
TITLE	VPT	<input checked="" type="checkbox"/> DELETE
NAME	<b>SWYERS, GORDON B.</b>	
STREET ADDRESS	<b>1424 N.E. EXPWY.</b>	
CITY-ST-ZIP	<b>ATLANTA GA</b>	
TITLE	ATT	<input type="checkbox"/> DELETE
NAME	<b>MOTHERSHED, DAVID R</b>	
STREET ADDRESS	<b>1424 NE EXPRESSWAY</b>	
CITY-ST-ZIP	<b>ATLANTA GA</b>	
TITLE	TAS	<input type="checkbox"/> DELETE
NAME	<b>JAYNES, STANLEY</b>	
STREET ADDRESS	<b>1424 N.E. EXPWY.</b>	
CITY-ST-ZIP	<b>ATLANTA GA</b>	
TITLE	S	<input type="checkbox"/> DELETE
NAME	<b>BENNETT, JOSEPH R.</b>	
STREET ADDRESS	<b>1424 N.E. EXPWY.</b>	
CITY-ST-ZIP	<b>ATLANTA GA</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>WARREN FULTON</b>	
1.3 STREET ADDRESS	<b>1424 N.E. EXPRESSWAY</b>	
1.4 CITY-ST-ZIP	<b>ATLANTA, GA</b>	
2.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>DORIS FIZER</b>	
2.3 STREET ADDRESS	<b>1424 N.E. EXPRESSWAY</b>	
2.4 CITY-ST-ZIP	<b>ATLANTA, GA</b>	
3.1 TITLE	VPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>JOHN BUSBY</b>	
3.3 STREET ADDRESS	<b>1424 NE EXPWY</b>	
3.4 CITY-ST-ZIP	<b>ATLANTA, GA</b>	
4.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>TED ARROWOOD</b>	
4.3 STREET ADDRESS	<b>1424 N.E. EXPRESSWAY</b>	
4.4 CITY-ST-ZIP	<b>ATLANTA, GA</b>	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 SIGNATURE REQUIRED

CR2E037 (4/97)