

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 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent SWYERS, PHILIP 3101 LAKE ELLEN LANE TAMPA FL 33618	
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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 FL 85 Zip Code 33618	
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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.	
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SIGNATURE D. S. Swyers Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
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12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CT WATSON, ROBERT A 615 SLATERS LANE ALEXANDRIA VA <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOOD, KENNETH 1424 N.E. EXPWY. ATLANTA GA <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT SWYERS, GORDON B. 1424 N.E. EXPWY. ATLANTA GA <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATT MOTHERSHED, DAVID R 1424 NE EXPRESSWAY ATLANTA GA <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TAS JAYNES, STANLEY 1424 N.E. EXPWY. ATLANTA GA <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BENNETT, JOSEPH R. 1424 N.E. EXPWY. ATLANTA GA <input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition WARREN FULTON 1424 N.E. EXPRESSWAY ATLANTA, GA
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DORIS FIZER 1424 N.E. EXPRESSWAY ATLANTA, GA
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	VPT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition JOHN BUSBY 1424 NE EXPWY ATLANTA, GA
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition TED ARROWOOD 1424 N.E. EXPRESSWAY ATLANTA, GA
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.	
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/10/1928	3a. Date of Last Report 02/26/1996
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4. FEI Number 58-0660607	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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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
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CR2E037 (4/97)