


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Feb 24 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</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 <b>% LEGAL DEPARTMENT          1424 NE EXPRESSWAY N.E.          ATLANTA GA 30329</b>	Mailing Address <b>% LEGAL DEPARTMENT          1424 NE EXPRESSWAY N.E.          ATLANTA GA 30329</b>
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3. Date Incorporated or Qualified  
**09/10/1928**

4. FEI Number <b>58-0660607</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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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
Country 25	Zip 29
Country 25	Country 30

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 Yes  No

9. Name and Address of Current Registered Agent

**FAULKNER, DONALD  
 3101 LAKE ELLEN LANE  
 TAMPA FL 33618**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	John Busby
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Raymond A. Cooper
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 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]* **2-10-98**

CP2E037 (10/97)