

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2001 8:00 am
Secretary of State

02-15-2001 90072 017 ****61.25

DOCUMENT # 803387

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

58-0660607

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FAULKNER, DONALD
3101 LAKE ELLEN LANE
TAMPA FL 33618

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|---------------------|---------------------------------|
| TITLE | CT | <input type="checkbox"/> Delete |
| NAME | BUSBY, JOHN | |
| STREET ADDRESS | 615 SLATERS LANE | |
| CITY-ST-ZIP | ALEXANDRIA VA | |
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | COOPER, RAYMOND A | |
| STREET ADDRESS | 1424 N.E. EXPWY. | |
| CITY-ST-ZIP | ATLANTA GA | |
| TITLE | VPT | <input type="checkbox"/> Delete |
| NAME | HERNDON, GARY L | |
| 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 | WARD, H. AL | |
| 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 | |

| | |
|----------------|---|
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

2-5-2001

Date

Daytime Phone #

CR2E037 (10/00)