

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 803387

1. Entity 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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

FAULKNER, DONALD  
3101 LAKE ELLEN LANE  
TAMPA FL 33618

7. Name and Address of New Registered Agent

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

TITLE CT  
NAME BUSBY, JOHN  
STREET ADDRESS 615 SLATERS LANE  
CITY-ST-ZIP ALEXANDRIA VA ☐ Delete

TITLE P  
NAME COOPER, RAYMOND A  
STREET ADDRESS 1424 N.E. EXPWY.  
CITY-ST-ZIP ATLANTA GA ☐ Delete

TITLE VPT  
NAME HERNDON, GARY L  
STREET ADDRESS 1424 NE EXPWY  
CITY-ST-ZIP ATLANTA GA ☐ Delete

TITLE ATT  
NAME MOTHERSHED, DAVID R  
STREET ADDRESS 1424 NE EXPRESSWAY  
CITY-ST-ZIP ATLANTA GA ☐ Delete

TITLE TAS  
NAME WARD, H. AL  
STREET ADDRESS 1424 N.E. EXPWY.  
CITY-ST-ZIP ATLANTA GA ☐ Delete

TITLE S  
NAME BENNETT, JOSEPH R.  
STREET ADDRESS 1424 N.E. EXPWY.  
CITY-ST-ZIP ATLANTA GA ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE S  
NAME William R. N. Goodier  
STREET ADDRESS 2880 Gravitt Rd.  
CITY-ST-ZIP Duluth, GA 30096 ☒ Change ☐ Addition

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 or without other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-11-02

Date

Daytime Phone #

FILED  
Mar 03, 2002 8:00 am  
Secretary of State

03-03-2002 90105 040 \*\*\*\*61.25

80033870



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)