


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 12, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 803387**

1. Entry 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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04052004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 58-0660607	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) \_\_\_\_\_ DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	CT LARSON, JOHN 615 SLATERS LANE ALEXANDRIA, VA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P NEEDHAM, PHILIP D 1424 N.E. EXPWY. ATLANTA, GA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPT SWYERS, PHILIP 1424 NE EXPWY ATLANTA, GA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ATT MOTHERSHED, DAVID R 1424 NE EXPRESSWAY ATLANTA, GA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TAS WARD, H. AL 1424 N.E. EXPWY. ATLANTA, GA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S GOODIER, WILLIAM R N 2880 GRAVITT RD DULUTH, GA 30096

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 04/12/04-80108-004 70.00

**DO NOT WRITE IN THIS SPACE**

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: Philip Swyers 4/6/04  
 PHILIP SWYERS VICE PRESIDENT Date Daytime Phone #