


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2007 8:00 am
Secretary of State

07-19-2007 90025 017 ****70.00

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 - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
HEDGREN, STEVE 5631 VAN DYKE RD. LUTZ, FL 33558				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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>					
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	CT	<input checked="" type="checkbox"/> Delete		TITLE	C
NAME	BASSET, W. TODD			NAME	Israel L. Gaither
STREET ADDRESS	615 SLATERS LANE			STREET ADDRESS	615 Slaters Lane
CITY-ST-ZIP	ALEXANDRIA, VA			CITY-ST-ZIP	Alexandria VA
TITLE	P	<input checked="" type="checkbox"/> Delete		TITLE	P
NAME	NEEDHAM, PHILIP D			NAME	M.S. Feener
STREET ADDRESS	1424 N.E. EXPWY.			STREET ADDRESS	1424 N.E. Expressway
CITY-ST-ZIP	ATLANTA, GA			CITY-ST-ZIP	Atlanta GA
TITLE	V	<input checked="" type="checkbox"/> Delete		TITLE	V
NAME	FEENER, M S			NAME	Terry Griffin
STREET ADDRESS	1424 NE EXPRESSWAY			STREET ADDRESS	1424 N.E. Expressway
CITY-ST-ZIP	ATLANTA, GA 30329			CITY-ST-ZIP	Atlanta, GA
TITLE	ATT	<input type="checkbox"/> Delete		TITLE	
NAME	MOTHERSHED, DAVID R			NAME	
STREET ADDRESS	1424 NE EXPRESSWAY			STREET ADDRESS	
CITY-ST-ZIP	ATLANTA, GA			CITY-ST-ZIP	
TITLE	TAS	<input type="checkbox"/> Delete		TITLE	
NAME	WARD, H. AL			NAME	
STREET ADDRESS	1424 N.E. EXPWY.			STREET ADDRESS	
CITY-ST-ZIP	ATLANTA, GA			CITY-ST-ZIP	
TITLE	S	<input type="checkbox"/> Delete		TITLE	
NAME	GOODIER, WILLIAM R N			NAME	
STREET ADDRESS	2880 GRAYITT RD			STREET ADDRESS	
CITY-ST-ZIP	DULUTH, GA. 30096			CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 authority law empowered.					
SIGNATURE: <u>H. Al Ward</u>				Date: <u>7/13/07</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Daytime Phone #</small>					

H. AL WARD - TREASURER/ASSISTANT SECRETARY