


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 07, 2008 8:00 am
Secretary of State

07-07-2008 90003 043 ****61.25

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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	4. FEI Number 58-0660607	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by September 12, 2008		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	C	<input type="checkbox"/> Delete	TITLE	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GAITHER, ISRAEL L		NAME	Gaither, Israel L. - T	
STREET ADDRESS	615 SLATERS LANE		STREET ADDRESS		
CITY - ST - ZIP	ALEXANDRIA, VA		CITY - ST - ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FEENER, M.S.		NAME	Feener, M.S. - T	
STREET ADDRESS	1424 N.E. EXPWY.		STREET ADDRESS		
CITY - ST - ZIP	ATLANTA, GA		CITY - ST - ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRIFFIN, TERRY		NAME	Griffin, Terry - T	
STREET ADDRESS	1424 NE EXPRESSWAY		STREET ADDRESS		
CITY - ST - ZIP	ATLANTA, GA 30329		CITY - ST - ZIP		
TITLE	ATT	<input checked="" type="checkbox"/> Delete	TITLE	ATT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOTHERSHED, DAVID R		NAME	Ellis, Stephen - T	
STREET ADDRESS	1424 NE EXPRESSWAY		STREET ADDRESS	1424 N.E. Expressway	
CITY - ST - ZIP	ATLANTA, GA		CITY - ST - ZIP	Atlanta, GA	
TITLE	TAS	<input checked="" type="checkbox"/> Delete	TITLE	TAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARD, H. AL		NAME	Johnson, Kenneth O., Jr. - T	
STREET ADDRESS	1424 N.E. EXPWY.		STREET ADDRESS	1424 N.E. Expressway	
CITY - ST - ZIP	ATLANTA, GA		CITY - ST - ZIP	Atlanta, GA	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODIER, WILLIAM R N		NAME	Powell, Charles W. - T	
STREET ADDRESS	2880 GRAVITT RD		STREET ADDRESS	1424 N.E. Expressway	
CITY - ST - ZIP	DULUTH, GA 30096		CITY - ST - ZIP	Atlanta, GA	
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 all other like empowered.					
SIGNATURE: _____			6/24/08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
CHARLES POWELL			Daytime Phone #		
SECRETARY					