

803387

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

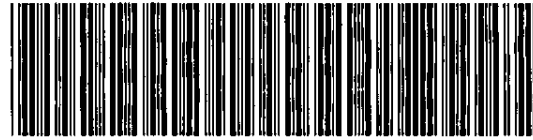
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

C.M.  
8-27-14

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** The Salvation Army  
Name of Corporation

**DOCUMENT NUMBER:** 803387

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

Aleta A. Wyche

Name of Contact Person

The Salvation Army

Firm/Company

1424 N.E. Expressway

Address

Atlanta, GA 30329

City/State and Zip Code

aleta\_wyche@uss.salvationarmy.org

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Aleta Wyche

Name of Contact Person

at ( 404 ) 728-1300 x10427

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Georgia in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: The Salvation Army
- 2. The principal office address: 1424 Northeast Expressway  
Atlanta, Georgia 30329
- 3. The mailing address (if different): \_\_\_\_\_
- 4. Date of incorporation/qualification: 9/10/28 Document number: 803387
- 5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Vern Jewett  
5631 Van Dyke Road  
Lutz, Florida 33558

- 6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Kenneth O. Johnson  
(same address)  
P.O. Box NOT acceptable

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

  
 Signature of an officer or director

Samuel A. Henry ASSISTANT SECRETARY  
 Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

  
 Signature of Registered Agent

8/19/14  
 Date

If signing on behalf of an entity:  
 \_\_\_\_\_  
 Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*