

803387

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

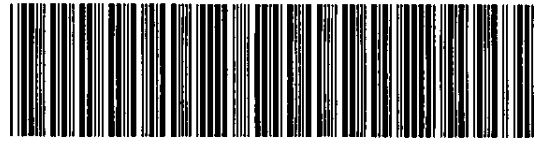
(Business Entity Name)

(Document Number)

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16 AUG 26 PM 4:11  
Division of Public Operations

AUG 29 2016  
C McNAIR

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DOING  
THE MOST  
GOOD

William Booth, *Founder*  
André Cox, *General*  
Donald C. Bell, *Territorial Commander*

16 AUG 25 11 11 AM '16

July 1, 2016

Florida Secretary of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**RE: Change of Registered Agent  
State of Florida  
The Salvation Army**

To Whom It May Concern:

Enclosed are the Statement of Change of Registered Office or Registered Agent Or Both for The Salvation Army in the State of Florida and a check in the amount of \$35.00 to cover the processing fee.

Sincerely,

Aleta Austin Wyche  
LEGAL ADMINISTRATOR  
For  
Major Ward Matthews  
LEGAL SECRETARY

Enclosure  
cc: Terr. Fin. + voucher

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

16 AUG 26 PM 4:14  
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 at ( 404 ) 728-1300 X10427  
Name of Contact Person 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

**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 N.E. Expressway  
Atlanta, GA 30329  
3. The mailing address (if different): \_\_\_\_\_  
4. Date of incorporation/qualification: 9/10/1928 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)

Kenneth O. Johnson  
5631 Van Dyke Rd.  
Lutz, Florida 33558


18 AUG 26 PM 4:12  
Division of Corporations

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

Kenneth Luyk  
SAME ADDRESS  
P.O. Box NOT acceptable

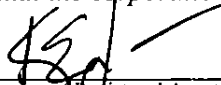
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

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

Ward Matthews 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

8/23/16  
\_\_\_\_\_  
Date

If signing on behalf of an entity:

\_\_\_\_\_  
Typed or Printed Name

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

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314