

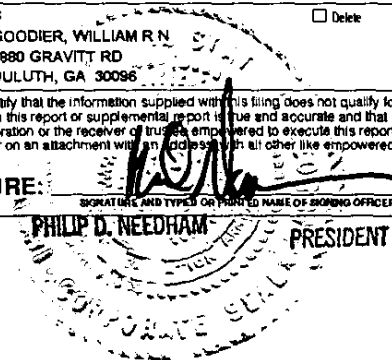


**2003 NOT-FOR-PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 803387		80125813			
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		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		4. FEI Number 58-0660607			
7. Name and Address of New Registered Agent		Applied For <input type="checkbox"/> Not Applicable			
FAULKNER, DONALD 3101 LAKE ELLEN LANE TAMPA, FL 33618		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Name		City			
Street Address (P.O. Box Number is Not Acceptable)		FL			
City		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 _____ DATE _____					
Signature: (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when electing)					
FILE NOW! FEES IS \$61.25		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	CT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUSBY, JOHN		NAME	LARSSON, JOHN	
STREET ADDRESS	616 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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOPER, RAYMOND A		NAME	NEEDHAM, PHILIP D.	
STREET ADDRESS	1424 N.E. EXPWY.		STREET ADDRESS	1424 N.E. Expressway	
CITY-ST-ZIP	ATLANTA, GA		CITY-ST-ZIP	Atlanta, GA	
TITLE	VPT	<input checked="" type="checkbox"/> Delete	TITLE	VPT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERNDON, GARY L		NAME	SWYERS, PHILIP	
STREET ADDRESS	1424 NE EXPWY		STREET ADDRESS	1424 N.E. Expressway	
CITY-ST-ZIP	ATLANTA, GA		CITY-ST-ZIP	Atlanta, GA	
TITLE	ATT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODIER, WILLIAM R.N		NAME		
STREET ADDRESS	2880 GRAVITT 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 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: 		Date: June 3, 2003			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date			
PHILIP D. NEEDHAM		PRESIDENT			



CD25037 (10/02)