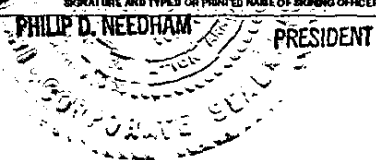


**2003 NOT-FOR-PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # 803387</b> 1. Entity Name <b>THE SALVATION ARMY</b>			80125813
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 Suite, Apt. #, etc. City & State Zip	
3. Mailing Address Suite, Apt. #, etc. City & State Zip		4. FEI Number <b>58-0660607</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>FAULKNER, DONALD</b> <b>3101 LAKE ELLEN LANE</b> <b>TAMPA, FL 33618</b>		7. Name and Address of New Registered Agent 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 _____ DATE _____ <small>Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when electing)</small>			
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 NAME STREET ADDRESS CITY-ST-ZIP	CT BUSBY, JOHN 616 SLATERS LANE ALEXANDRIA, VA	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
P COOPER, RAYMOND A 1424 N.E. EXPWY. ATLANTA, GA	CT LARSSON, JOHN 615 Slaters Lane Alexandria, VA	<input checked="" type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
VPT HERNDON, GARY L 1424 NE EXPWY ATLANTA, GA	P NEEDHAM, PHILIP D. 1424 N.E. Expressway Atlanta, GA	<input checked="" type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
ATT MOTHERSHED, DAVID R. 1424 NE EXPRESSWAY ATLANTA, GA	VPT SWYERS, PHILIP 1424 N.E. Expressway Atlanta, GA	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TAS WARD, H. AL 1424 N.E. EXPWY. ATLANTA, GA	S GOODIER, WILLIAM R.N. 2880 GRAVITT RD DULUTH, GA 30096	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date: <u>June 3, 2003</u> <small>Print Name</small>	



CD25037 (10/02)