2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State
04-13-2007 90180 012 ****70.00

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DOCUMENT # 736999

1. Entity Name
THE SALVATION ARMY RESIDENCES INCORPORATED

Principal Place of Business	Mailing Address
1424 NE EXPRESSWAY ATLANTA, GA 30329	1424 NE EXPRESSWAY 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

01302006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-1737149 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HEDGREN, STEVEN
5631 VAN DYKE RD
LUTZ, FLORIDA 33558

NOTE: Spelling Correction

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 _____
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 May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	VPD FEENER, MAXWELL S 1424 NE EXPRESSWAY NE ATLANTA, GA 30329	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SENFT, JOANNE 1424 NE EXPRESSWAY ATLANTA, GA 30329	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FAULKNER, DONALD 1424 NE EXPRESSWAY NE ATLANTA, GA 30329	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOBGOOD, EDWARD 1424 NE EXPRESSWAY ATLANTA, GA 30329	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ATD MOTHERSHEAD, DAVID R 1424 NE EXPRESSWAY NE ATLANTA, GA 30329	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP/D JEFFREY, DAVID 1424 NE EXPRESSWAY ATLANTA, GA 30329	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S WILLIAM, GOODIER R.N. 1424 NE EXPRESS WAY ATLANTA, GA 30329	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HEDGREN, STEVE 1424 NE EXPRESSWAY ATLANTA, GA 30329	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD NEEDHAM, PHILIP D 1424 NE EXPRESSWAY NE ATLANTA, GA	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/D WARD, AL H 1424 NE EXPRESSWAY ATLANTA, GA 30329	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MATTHES, EVELYN 1424 NE EXPRESSWAY ATLANTA, GA 30329	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CHAIRMAN ISRAEL L. GAITHER 615 SLATERS LANE ALEXANDRIA VA 22313	☐ Change ☑ Addition

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: _____ William R. N. Goodier, Secretary/Director 04/03/2007 404-728-1300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CONTINUED →

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ATTACHMENT

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THE SALVATION ARMY RESIDENCES INCORPORATED

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H06060165

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Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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HEDGREN, STEVEN 5631 VAN DYKE RD LUTZ, FLORIDA 33558 NOTE: Spelling Correction	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE D NAME WHITE, CHARLES STREET ADDRESS 1424 NE EXPRESSWAY CITY-ST-ZIP ATLANTA, GA 30329	☐ Change ☑ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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SIGNATURE: [signature] William R. N. Goodier, Secretary/Director 04/03/2007 404-728-1300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #