

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 807149 (0)

1. Corporation Name

THE RESCUE ARMY

Principal Place of Business

7399 W. RIVER BEND RD.
DUNNELLON FL 32630

Mailing Address

P. O. BOX 944
CRYSTAL RIVER FL 32623-0944

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/09/1946
3a. Date of Last Report 03/23/1994
4. FEI Number 95-4054902
Applied For
Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

2a. Mailing Address

25

Suite, Apt. #, etc.

26

City & State

27

Zip

28

Country

29

Country

30

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under C. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

WHEELER, PAUL REV.
7415 W. RIVER BEND RD.
DUNNELLON FL 32630

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
D	LOPP, DELORES	591 NO LOPP PT	LECANTO FL
S	WHEELER, ROSE	7415 W. RIVER BEND RD.	DUNNELLON FL
P	WHEELER, PAUL	7415 W. RIVER BEND RD.	DUNNELLON FL
V	WHEELER, STEVE	7415 W. RIVER BEND RD.	DUNNELLON FL
E	WHEELER, E. N. REV.	7415 WEST RIVER BEND RD.	DUNNELLON FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY - ST - ZIP	15 Change	16 Addition
D	LOPP, DELORES	591 NO LOPP PT	LECANTO, FL	☒	☐
S/D	WHEELER, ROSE	7415 W. RIVER BEND RD.	DUNNELLON, FL.	☒	☐
P/D	WHEELER, PAUL REV	7415 WEST RIVER BEND RD.	DUNNELLON, FL	☒	☐
V/D WHEELER, STEVE		7415 WEST RIVER BEND RD	DUNNELLON, FL	☒	☐
E	WHEELER, E.N. REV	7415 WEST RIVER BEND RD	DUNNELLON, FL	☒	☐
				☐	☐

RECEIVED BY MAY 1

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual 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 12 or Block 13 if changed, on my appointment with an address.

SIGNATURE

Rev. Paul Wheeler, President (904) 795-3930

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

APR 15 1995