

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

NEW ZIP

3. Date Incorporated or Qualified
10/09/1946

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 7399 W. River Bend Rd.

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23 Dunnellon, FL

28

Zip Country

Zip Country

24 34433

25

29

30

4. FEI Number

95-4054902

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

NEW ZIP

81 Name

Wheeler, Paul REV.

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

7415 W. River Bend Rd

83

84 City

Dunnellon

FL

85 Zip Code
34433

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
LOPP, DELORES
STREET ADDRESS
591 NO LOPP PT
CITY-ST-ZIP
LECANTO FL

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
SD
WHEELER, ROSE
STREET ADDRESS
7415 W. RIVER BEND RD.
CITY-ST-ZIP
DUNNELLON FL

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
PD
WHEELER, PAUL
STREET ADDRESS
7415 W. RIVER BEND RD.
CITY-ST-ZIP
DUNNELLON FL

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
VD
WHEELER, STEVE
STREET ADDRESS
7415 W. RIVER BEND RD.
CITY-ST-ZIP
DUNNELLON FL

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
E
WHEELER, E. N REV.
STREET ADDRESS
7415 WEST RIVER BEND RD.
CITY-ST-ZIP
DUNNELLON FL

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 or supplemental 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, changed, or on an attachment with an address.

SIGNATURE:

Rev. Paul Wheeler, President

MAR 20 1996

(904) 795-3930

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone

CR2E037 (12/95)