

FILE NOW: FILING FEE IS \$61.25

FILED

May 14 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 807149 (0)
1. Corporation Name
THE RESCUE ARMY



Principal Place of Business Mailing Address
**7399 W RIVER BEND RD
DUNNELLON FL 34433
US** **P. O. BOX 944
CRYSTAL RIVER FL 34423-0944**

3. Date Incorporated or Qualified **10/09/1946** 3a. Date of Last Report **03/28/1996**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip 29 Country 30 Country

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 34433**

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 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 reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D LOPP, DELORES	1.2 NAME	
STREET ADDRESS	591 NO LOPP PT	1.3 STREET ADDRESS	
CITY-ST-ZIP	LECANTO FL	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SD WHEELER, ROSE	2.2 NAME	
STREET ADDRESS	7415 W. RIVER BEND RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	DUNNELLON FL	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PD WHEELER, PAUL	3.2 NAME	
STREET ADDRESS	7415 W. RIVER BEND RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	DUNNELLON FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VD WHEELER, STEVE	4.2 NAME	
STREET ADDRESS	7415 W. RIVER BEND RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	DUNNELLON FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	E WHEELER, E. N REV.	5.2 NAME	
STREET ADDRESS	7415 WEST RIVER BEND RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	DUNNELLON FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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 if changed, or on an attachment with an address.

SIGNATURE

CR2E037 (9/96)