


FILE NOW: FILING FEE IS \$61.25

FILED  
May 06 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **807149** (0)

1. Corporation Name  
**THE RESCUE ARMY**

Principal Place of Business <b>7399 W RIVER BEND RD DUNNELLON FL 34433 US</b>	Mailing Address <b>P. O. BOX 944 CRYSTAL RIVER FL 32623-0944</b>
--	---

2. Principal Place of Business <b>21 333 East Gardena Blvd.</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23 Gardena, CA 90248-2815</b> Zip Country <b>24 90248-2815</b>	2a. Mailing Address <b>25 333 East Gardena Blvd.</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28 Gardena, CA</b> Zip Country <b>29 90248-2815</b>
---	---

3. Date Incorporated or Qualified <b>10/09/1946</b>	4. FEI Number <b>95-4054902</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent  
**WHEELER, PAUL REV.  
7415 W RIVER BEND RD  
DUNNELLON FL 34433**

10. Name and Address of New Registered Agent <b>81 Name Delores Lopp</b> <b>82 Street Address (P.O. Box Number is Not Acceptable) 599 North Point Lopp</b> <b>83</b> <b>84 City Lecanto FL 85 Zip Code</b>
--

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 \_\_\_\_\_ DATE **APR 24 1998**

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

14. 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 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 its 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: \_\_\_\_\_ **4-25-98** **310 323-1901**