
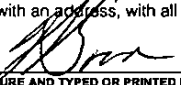


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 13, 2006 8:00 am**  
**Secretary of State**

02-13-2006 90046 039 \*\*\*\*70.00

<b>DOCUMENT # N94000006282</b>					
<b>1. Entity Name</b> BOOTH SERVICES, INC.					
<b>Principal Place of Business</b> 1424 NE EXPRESSWAY ATLANTA, GA			<b>Mailing Address</b> 1424 NE EXPRESSWAY ATLANTA, GA		
<b>2. Principal Place of Business</b>  Suite, Apt. #, etc.			<b>3. Mailing Address</b>  Suite, Apt. #, etc.		
<b>City &amp; State</b>			<b>City &amp; State</b>		
<b>Zip</b>		<b>Country</b>		<b>4. FEI Number</b> 59-3342078	
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  HEDGREN, STEVE 5631 VAN DYKE RD LUTZ, FL 33558			<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>		
<b>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.</b>  SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> SD <b>NAME</b> GOODIER, WILLIAM <b>STREET ADDRESS</b> 1424 NE EXPRESSWAY <b>CITY-ST-ZIP</b> ATLANTA, GA 30329	<input type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> SENF, JOANNE <b>STREET ADDRESS</b> 1424 NE EXPRESSWAY <b>CITY-ST-ZIP</b> ATLANTA, GA 30329	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> FAULKNER, DONALD S <b>STREET ADDRESS</b> 1424 NE EXPRESSWAY <b>CITY-ST-ZIP</b> ATLANTA, GA 30329	<input type="checkbox"/> Delete		<b>TITLE</b> D <b>NAME</b> MATTHES, EVELYN <b>STREET ADDRESS</b> 1424 NE EXPRESSWAY <b>CITY-ST-ZIP</b> ATLANTA, GA 30329	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Delete	
<b>TITLE</b> D <b>NAME</b> HAUPT, GARY <b>STREET ADDRESS</b> 5631 VAN DYKE RD <b>CITY-ST-ZIP</b> LUTZ, FL 33558	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VPD <b>NAME</b> FEENER, MAXWELL S <b>STREET ADDRESS</b> 1424 NE EXPRESSWAY <b>CITY-ST-ZIP</b> ATLANTA, GA 30329	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> PD <b>NAME</b> NEEDHAM, PHILIP D <b>STREET ADDRESS</b> 1424 NE EXPRESSWAY <b>CITY-ST-ZIP</b> ATLANTA, GA 30329	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> TD <b>NAME</b> WARD, AL H <b>STREET ADDRESS</b> 1424 NE EXPRESSWAY <b>CITY-ST-ZIP</b> ATLANTA, GA 30329	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> 			William R.N. Goodier, Secretary/ Director <span style="float: right;">01/31/06</span>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <span style="float: right;">Daytime Phone #</span>		

JOHN LARSSON  
GENERAL

ATTACHMENT



PHILIP D. NEEDHAM  
TERRITORIAL COMMANDER

40013991

THE SALVATION ARMY

FOUNDED IN 1865 BY WILLIAM BOOTH

USA SOUTHERN TERRITORY • 1424 NORTHEAST EXPRESSWAY • ATLANTA, GA 30329

PHONE (404) 728-1300 • FAX (404) 728-1331

January 30, 2006

Florida Department of State  
Division of Corporations  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

To Whom It May Concern:

Enclosed is the completed **2006 Not-For Profit Corporation Annual Report for Booth Residence, Inc., a Florida Corporation**. A check in the amount of \$70.00 is also included for the filing fee of \$61.25 and the Certificate fee of \$8.75.

Should you have any questions or concerns, please advise us accordingly.

God's Blessings on You!

Sincerely,

Lt. Colonel William R. N. Goodier  
SECRETARY BOARD OF DIRECTORS

WRNG: sm  
ENCLOSURE

cc: Territorial Finance -- Cheryl Moore