

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2007 8:00 am**  
**Secretary of State**

04-13-2007 90180 013 \*\*\*\*70.00

**DOCUMENT # N96000003837**

1. Entity Name  
CATHERINE BOOTH RESIDENCE, INC.



Principal Place of Business  
1424 NE EXPRESSWAY  
ATLANTA, GA 30329

Mailing Address  
1424 NE EXPRESSWAY  
ATLANTA, GA 30329

40060164



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01302006 Chg-NP CR2E037 (11/05)

City & State

City & State

4. FEI Number  
58-2271714

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HEDGREN, STEVE  
5631 VAN DYKE RD  
LUTZ, FL 33558

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE SD  
NAME GOODIER, WILLIAM R N  
STREET ADDRESS 1424 NE EXPRESSWAY  
CITY-ST-ZIP ATLANTA, GA 30096 ☐ Delete

TITLE D  
NAME SENFT, JOANNE  
STREET ADDRESS 1424 NE EXPRESSWAY  
CITY-ST-ZIP ATLANTA, GA 30329 ☐ Change ☒ Addition

TITLE D  
NAME HAUPT, GARY  
STREET ADDRESS 5631 VAN DYKE RD  
CITY-ST-ZIP LUTZ, FL 33558 ☒ Delete

TITLE D  
NAME MATTHES, EVELYN  
STREET ADDRESS 1424 NE EXPRESSWAY  
CITY-ST-ZIP ATLANTA, GA 30329 ☐ Change ☒ Delete

TITLE D  
NAME FAULKNER, DONALD S  
STREET ADDRESS 1424 NE EXPRESSWAY  
CITY-ST-ZIP ATLANTA, GA 30329 ☐ Delete

TITLE D  
NAME HOBGOOD EDWARD  
STREET ADDRESS 1424 NE EXPRESSWAY  
CITY-ST-ZIP ATLANTA, GA 30329 ☐ Change ☒ Addition

TITLE PD  
NAME NEEDHAM, PHILIP D  
STREET ADDRESS 1424 NE EXPRESSWAY  
CITY-ST-ZIP ATLANTA, GA 30329 ☐ Delete

TITLE VP/D  
NAME JEFFREY, DAVID  
STREET ADDRESS 1424 NE EXPRESSWAY  
CITY-ST-ZIP ATLANTA, GA 30329 ☐ Change ☒ Addition

TITLE TD  
NAME WARD, HENRY A  
STREET ADDRESS 1424 NE EXPRESSWAY  
CITY-ST-ZIP ATLANTA, GA 30329 ☐ Delete

TITLE D  
NAME HEDGREN, STEVE  
STREET ADDRESS 1424 NE EXPRESSWAY  
CITY-ST-ZIP ATLANTA, GA 30329 ☐ Change ☒ Addition

TITLE ATD  
NAME MOTHERSHED, DAVID  
STREET ADDRESS 1424 NE EXPRESSWAY  
CITY-ST-ZIP ATLANTA, GA 30329 ☐ Delete

TITLE CHAIRMAN  
NAME ISRAEL L. GAITHER  
STREET ADDRESS 615 SLATERS LANE  
CITY-ST-ZIP ALEXANDRIA, VA 22313 ☐ Change ☒ Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William K. N. Goodier, Secretary/ Director

04/03/07 404-728-1300


Date

Daytime Phone #

CONTINUED →

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT

<b>DOCUMENT #</b> N 96000003837 <small>1. Entity Name</small> <b>CATHERINE BOOTH RESIDENCE, INC</b>					
<b>Principal Place of Business</b> 1424 NE EXPRESSWAY ATLANTA, GA 30329				<b>Mailing Address</b> 1424 NE EXPRESSWAY ATLANTA, GA 30329	
<b>2. Principal Place of Business</b>  <small>Suite, Apt. #, etc.</small>		<b>3. Mailing Address</b>  <small>Suite, Apt. #, etc.</small>		01302006    Chg-NP    CR2E037 (11/05)	
<b>City &amp; State</b>		<b>City &amp; State</b>		<b>4. FEI Number</b> S8 - 2271714	
<b>Zip</b>		<b>Country</b>		<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, STEVEN      NOTE: Spelling Correction 5631 VAN DYKE RD LUTZ, FLORIDA 33558				<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
<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>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) <b>DATE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <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>		
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> Delete		<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> Delete		<small>TITLE</small> <small>NAME</small> <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<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> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			William R. N. Goodier, Secretary/Director <b>04/03/2007</b> 404-728-1300 <small>Date</small> <small>Daytime Phone #</small>		