
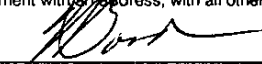


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

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

02-13-2006 90046 033 \*\*\*\*70.00

DOCUMENT # N97000001938					
1. Entity Name EVANGELINE BOOTH RESIDENCE, INC.					
Principal Place of Business 1424 NE EXPRESSWAY ATLANTA, GA 30329			Mailing Address 1424 NE EXPRESSWAY ATLANTA, GA 30329		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
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
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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			TITLE	D
NAME	GOODIER, WILLIAM R	<input type="checkbox"/> Delete		NAME	SENFT, JOANNE
STREET ADDRESS	1424 NE EXPRESSWAY			STREET ADDRESS	1424 NE EXPRESSWAY
CITY-ST-ZIP	ATLANTA, GA 30329			CITY-ST-ZIP	ATLANTA, GA 30329
TITLE	D	<input type="checkbox"/> Delete		TITLE	D
NAME	HAUPT, GARY			NAME	MATTHES, EVELYN
STREET ADDRESS	5631 VAN DYKE RD			STREET ADDRESS	1424 NE EXPRESSWAY
CITY-ST-ZIP	LUTZ, FL 33558			CITY-ST-ZIP	ATLANTA, GA 30329
TITLE	D	<input type="checkbox"/> Delete		TITLE	
NAME	FAULKNER, DONALD			NAME	
STREET ADDRESS	16628 VALLEY DR.			STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33618			CITY-ST-ZIP	
TITLE	ATD	<input type="checkbox"/> Delete		TITLE	
NAME	MOTHERSHED, DAVID R			NAME	
STREET ADDRESS	1424 NE EXPRESSWAY			STREET ADDRESS	
CITY-ST-ZIP	ATLANTA, GA 30329			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	
NAME	NEEDHAM, PHILIP D			NAME	
STREET ADDRESS	1424 NE EXPRESSWAY			STREET ADDRESS	
CITY-ST-ZIP	ATLANTA, GA 30329			CITY-ST-ZIP	
TITLE	VPD	<input type="checkbox"/> Delete		TITLE	
NAME	FEENER, MAXWELL S			NAME	
STREET ADDRESS	1424 NE EXPRESSWAY			STREET ADDRESS	
CITY-ST-ZIP	ATLANTA, GA 30329			CITY-ST-ZIP	
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 my address, with all other like empowered.					
SIGNATURE: 		William R.N. Goodier, Secretary/Director		07/31/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date	
				Daytime Phone #	

40013334



01302006 Chg-NP CR2E037 (11/05)

4. FEI Number 59-3437427 Applied For Not Applicable

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

FL

404-728-1300

JOHN LARSSON  
GENERAL

# ATTACHMENT



PHILIP D. NEEDHAM  
TERRITORIAL COMMANDER

40013992

## 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

#1097000001938

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 Evangeline 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