

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **736999** (4)
1. Corporation Name
THE SALVATION ARMY RESIDENCES INCORPORATED

FILED
95 FEB 17 PM 3:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
1424 NORTHEAST EXPRESSWAY N.E.
LEGAL DEPARTMENT
ATLANTA GA 30329
1424 NORTHEAST EXPRESSWAY N.E.
LEGAL DEPARTMENT
ATLANTA GA 30329

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/08/1976** 3a. Date of Last Report **03/07/1994**
4. FEI Number **59-1737149** 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
SWYERS, PHILIP
3101 LAKE ELLEN LANE
TAMPA FL 33618

10. Name and Address of New Registered Agent
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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	CT
NAME	HODDER, KENNETH L.
STREET ADDRESS	615 SLATERS LANE
CITY-ST-ZIP	ALEXANDRIA VA
TITLE	PT
NAME	HOOD, KENNETH
STREET ADDRESS	1424 NE EXPRESSWAY NE
CITY-ST-ZIP	ATLANTA GA
TITLE	T
NAME	RUTH, FRED L.
STREET ADDRESS	1424 NE EXPRESSWAY NE
CITY-ST-ZIP	ATLANTA GA
TITLE	TAS
NAME	JAYNES, STANLEY
STREET ADDRESS	1424 NE EXPRESSWAY NE
CITY-ST-ZIP	ATLANTA GA
TITLE	S
NAME	BENNETT, JOSEPH R.
STREET ADDRESS	1424 NE EXPRESSWAY NE
CITY-ST-ZIP	ATLANTA GA
TITLE	VPT
NAME	SWYERS, GORDON B.
STREET ADDRESS	1424 NE EXPRESSWAY NE
CITY-ST-ZIP	ATLANTA GA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	B. Gordon Swyers
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *B. Gordon Swyers* 1-31-94
B. GORDON SWYERS - VICE PRESIDENT