


**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 06, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # 736999**  
 1. Entity Name  
**THE SALVATION ARMY RESIDENCES INCORPORATED**



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

**DO NOT WRITE IN THIS SPACE**



01132004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1737149	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 DONALD FAULKNER  
 3101 LAKE ELLEN LANE  
 TAMPA, FL 33618

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SWYERS, PHILIP 1424 NE EXPRESSWAY NE ATLANTA, GA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T FULTON, WARREN 1424 NE EXPRESSWAY NE ATLANTA, GA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TAS WARD, H. AL 1424 NE EXPRESSWAY NE ATLANTA, GA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S WILLIAM, GOODIER R.N. 2880 GRAVITT RD DULUTH, GA 30096
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P NEEDHAM, PHILIP D 1424 NE EXPRESSWAY NE ATLANTA, GA
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

1100000157597  
 05/06/04-80033-008 61.25

**DO NOT WRITE IN THIS SPACE**

12. 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 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:  4-23-04 404-728-1300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #