

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 21, 2005 8:00 am**  
**Secretary of State**

07-21-2005 90030 050 \*\*\*\*70.00

**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

**50056701**



2. Principal Place of Business  
 1424 NE Expressway  
 Suite, Apt. #, etc.

3. Mailing Address  
 1424 NE Expressway  
 Suite, Apt. #, etc.

06302005 Chg-NP CR2E037 (10/03)

City & State  
 Atlanta, Georgia

City & State  
 Atlanta, Georgia

Zip  
 30329

Country  
 USA

Zip  
 30329

Country  
 USA

4. FEI Number  
**59-1737149**

Applied For  
 Not Applicable

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

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

7. Name and Address of New Registered Agent  
 Name **Steve Hedgren**  
 Street Address (P.O. Box Number is Not Acceptable)  
 5631 Van Dyke Rd.  
 City & Zip Code  
**FL 33558**

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 **Steve Hedgren / Director** **July 6, 2005**  
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 September 7, 2005**

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 NAME STREET ADDRESS CITY-ST-ZIP	VP SWYERS, PHILIP 1424 NE EXPRESSWAY NE ATLANTA, GA <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D FEENER, MAXWELL S. 1424 NE Expressway Atlanta, Georgia 30329 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FULTON, WARREN 1424 NE EXPRESSWAY NE ATLANTA, GA <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAULKNER, DONALD S. 1424 NE Expressway Atlanta, Georgia 30329 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D WARD, HENRY ALFRED 1424 NE EXPRESSWAY NE ATLANTA, GA <input type="checkbox"/> Delete <input checked="" type="checkbox"/> Changed Title <input checked="" type="checkbox"/> Changed Name	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Asst.T/D MOTHERSHED, DAVID R. 1424 NE Expressway Atlanta, Georgia 30329 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D WILLIAM. GOODIER R.N. 1424 NE Expressway Atlanta, Georgia 30329 <input type="checkbox"/> Delete <input checked="" type="checkbox"/> Changed Title <input checked="" type="checkbox"/> Changed Address	TITLE NAME STREET ADDRESS CITY-ST-ZIP	C/D BASSETT, W. TODD 615 Slaters Lane Alexandria, VA 22313 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D NEEDHAM, PHILIP D 1424 NE EXPRESSWAY NE ATLANTA, GA <input type="checkbox"/> Delete <input checked="" type="checkbox"/> Changed Title	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITE, CHARLES 1424 NE Expressway Atlanta, Ga 30329 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATTHES, EVELYN 1424 NE Expressway Atlanta, Ga 30329 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAUPT, GARY 5631 Van Dyke Rd. Lutz, Florida 33558 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEDGREN, STEVE 5631 Van Dyke Rd. Lutz, Florida 33558 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: **William R.N. Goodier** **JUL 7 2005** **404-728-1300**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #