


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

02-13-2006 90046 032 ****70.00

DOCUMENT # 736999					
1. Entity Name THE SALVATION ARMY RESIDENCES INCORPORATED					
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, STEVEN 5631 VAN DYKE RD LUTZ, FLORIDA 33558 NOTE: Spelling Correction				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</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	VPD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FEENER, MAXWELL S		NAME	SENFT, JOANNE	
STREET ADDRESS	1424 NE EXPRESSWAY NE		STREET ADDRESS	1424 NE EXPRESSWAY	
CITY-ST-ZIP	ATLANTA, GA 30329		CITY-ST-ZIP	ATLANTA, GA 30329	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAULKNER, DONALD		NAME		
STREET ADDRESS	1424 NE EXPRESSWAY NE		STREET ADDRESS		
CITY-ST-ZIP	ATLANTA, GA 30329		CITY-ST-ZIP		
TITLE	ATD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOTHERSHEAD, DAVID R		NAME		
STREET ADDRESS	1424 NE EXPRESSWAY NE		STREET ADDRESS		
CITY-ST-ZIP	ATLANTA, GA 30329		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAM, GOODIER R.N.		NAME		
STREET ADDRESS	1424 NE EXPRESS WAY		STREET ADDRESS		
CITY-ST-ZIP	ATLANTA, GA 30329		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEEDHAM, PHILIP D		NAME		
STREET ADDRESS	1424 NE EXPRESSWAY NE		STREET ADDRESS		
CITY-ST-ZIP	ATLANTA, GA		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATTHES, EVELYN		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 an address, with all other like empowered.					
SIGNATURE: _____		William R. N. Goodier, Secretary/Director <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		01/31/06 <small>Date</small>	
				404-728-1300 <small>Daytime Phone #</small>	

ATTACHMENT

JOHN LARSSON
GENERAL

PHILIP D. NEEDHAM
TERRITORIAL COMMANDER



40013993

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

#736999

January 30, 2006

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 The Salvation Army Residences, 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