2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Apr 13, 2007 8:00 am Secretary of State 04-13-2007 90180 012 ****70.00 **DOCUMENT #736999** THE SALVATION ARMY RESIDENCES INCORPORATED 40060163 Principal Place of Business Mailing Address 1424 NE EXPRESSWAY 1424 NE EXPRESSWAY ATLANTA, GA 30329 ATLANTA, GA 30329 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01302006 Chg-NP CR2E037 (11/05) City & State City & State 4. FEI Number Applied For 59-1737149 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HEDGREN, STEVEN NOTE: Spelling Correction 5631 VAN DYKE RD Street Address (P.O. Box Number is Not Acceptable) LUTZ, FLORIDA 33558 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 Signature, typed or printed name of registered agent and title of applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Make check payable to \Box Trust Fund Contribution. Added to Fees Florida Department of State Due by May 1, 2007 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. VPD TITLE TITLE ☐ Delete ✓ Addition SENFT, JOANNE FEENER, MAXWELL S NAME NAME 1424 NE EXPRESSWAY STREET ADDRESS 1424 NE EXPRESSWAY NE STREET ADDRESS ATLANTA, GA 30329 CiTY-ST-ZIP ATLANTA, GA 30329 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☑ Addition HOBGOOD, EDWARD NAME FAULKNER, DONALD NAME 1424 NE EXPRESSUAY STREET ADDRESS 1424 NE EXPRESSWAY NE STREET ADDRESS GA 30329 CITY-ST-ZIP ATLANTA, GA 30329 CITY-ST-ZIP ATLANTA ATD ☐ Delete TITLE ☐ Change Addition DAVID MOTHERSHEAD, DAVID R NAME NAME JEFFREY, 1424 NE EXPRESSURY STREET ADDRESS 1424 NE EXPRESSWAY NE STREET ADDRESS GA 30329 CITY-ST-ZIP ATLANTA, GA 30329 CITY-ST-ZIP TITI F ☐ Delete TITI F ☐ Change Addition HEDGREN, STEVE WILLIAM, GOODIER R.N. NAME NAME EXPRESSUAY 1424 NE STREET ADDRESS 1424 NE EXPRESS WAY STREET ADDRESS ATLANTA, GA 30329 GA 30329 ATLANTA CITY-ST-ZIP CITY-ST-ZIP T/D Delete Addition TITLE ☐ Change NEEDHAM, PHILIP D WARD AL H NAME NAME 1424 WE EXPRESSURY STREET ADDRESS 1424 NE EXPRESSWAY NE STREET ADDRESS CITY-ST-ZIP ATLANTA, GA CITY-ST-ZIP , GA 30329 ATLANTA CHMRMAN TR Addition ✓ Delete ☐ Change ISRAEL L. GAITHER NAME MATTHES, EVELYN NAME 1424 NE EXPRESSWAY SLATERS LANE STREET ADDRESS STREET ADDRESS ATLANTA, GA 30329 CITY-ST-7IP CITY-ST-ZIP VA 22313 ALEXANDRIA 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.

William R. N. Goodier, Secretary/Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

404-728-1300

Daytime Phone #

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT

1424 NE EXPRESSWAY 142	CORPORATED		MALINAI ENAL	
1424 NE EXPRESSWAY 142	ng Address			
	4 NE EXPRESSWAY ANTA, GA 30329		H0060165	
Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc.			710000140	
			01302006 Chg-NP CR2E037 (11/05)	
City & State C	ity & State		4. FEI Number	
Zip Country Zi	ip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required	
6. Name and Address of Current Register	red Agent	N-22	7. Name and Address of New Registered Agent	
HEDGREN, STEVEN NOTE: Spelling Correction 5631 VAN DYKE RD LUTZ, FLORIDA 33558		Street Add	ess (P.O. Box Number is Not Acceptable)	
		City	FL Zip Code	
SIGNATURE Signature. lypod or printed name of registered agent and title if all	T	E. Registered Agent signature	184. Aug. 184. 184. 184. 184. 186. 44	
Filing Fee is \$61.25 9. Election Camp Due by May 1, 2007 Trust Fund Co		npaign Financing Contribution.	\$5.00 May Be Added to Fees Make check payable to Fiorida Department of State	
10. OFFICERS AND DIRECTOR		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
NAME STREET ADDRESS CITY-ST-24P	☐ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DHITE, CHARLES 424 NE EXPRESSUAY ATLANTA CA 30329	
TITLE NAME STREET ADDRESS 1. CITY-SI-ZIP ,	□ Dekele	TITLE NAME STREET ADDRESS CITY-S1-ZIP	☐ Change ☐ Addition	
TITLE . NAME STREET ADDRESS .* CITY-S1-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Additio	
TITLE T NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	FITLE NAME STREET ADDRESS CITY-ST-71P	☐ Change ☐ Additio	
THILE NAME	Delete	TITLE NAME	Change Addition	

SIGNATURE: William R. N. Goodier, Secretary/Director 54/03/2007