


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90180 012 ****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
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country

40060163



01302006 Chg-NP CR2E037 (11/05)

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

HEDGREN, STEVEN
 5631 VAN DYKE RD
 LUTZ, FLORIDA 33558

NOTE: Spelling Correction

7. Name and Address of New Registered Agent

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 _____ 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, 2007**


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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD FEENER, MAXWELL S 1424 NE EXPRESSWAY NE ATLANTA, GA 30329 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FAULKNER, DONALD 1424 NE EXPRESSWAY NE ATLANTA, GA 30329 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATD MOTHERSHEAD, DAVID R 1424 NE EXPRESSWAY NE ATLANTA, GA 30329 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILLIAM, GOODIER R.N. 1424 NE EXPRESS WAY ATLANTA, GA 30329 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NEEDHAM, PHILIP D 1424 NE EXPRESSWAY NE ATLANTA, GA <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATTHES, EVELYN 1424 NE EXPRESSWAY ATLANTA, GA 30329 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SENF, JOANNE 1424 NE EXPRESSWAY ATLANTA, GA 30329 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOBGOOD, EDWARD 1424 NE EXPRESSWAY ATLANTA, GA 30329 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D JEFFREY, DAVID 1424 NE EXPRESSWAY ATLANTA, GA 30329 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HEDGREN, STEVE 1424 NE EXPRESSWAY ATLANTA, GA 30329 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D WARD, AL H 1424 NE EXPRESSWAY ATLANTA, GA 30329 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHAIRMAN ISRAEL L. GAITHER 615 SLATERS LANE ALEXANDRIA VA 22313 <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 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** **04/13/2007** 404-728-1300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CONTINUED →

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ATTACHMENT

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2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		01302006 Chg-NP CR2E037 (11/05)	
City & State		City & State		4. FEI Number 59-1737149	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HEDGREN, STEVEN NOTE: Spelling Correction 5631 VAN DYKE RD LUTZ, FLORIDA 33558				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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SIGNATURE: _____			William R. N. Goodier, Secretary/Director		04/03/2007
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date</small>		<small>Daytime Phone #</small>

40060165