


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90088 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 - No P.O. Box #
 Suite, Apt. #, etc.

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

City & State
 Zip Country

40070340



04102008 Chg-NP CR2E037 (12/06)

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

**HODGREN, STEVE
 5631 VAN DYKE RD
 LUTZ, FL 33558**

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 _____
 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 May 1, 2008**

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 checked="" 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 checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WILLIAM, GOODIER R.N. 1424 NE EXPRESSWAY ATLANTA, GA 30329	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WARD, AL H 1424 NE EXPRESSWAY NE ATLANTA, GA 30329	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C GAITHER, ISREAL L 615 SLATERS LANE ALEXANDRIA, VA 22313	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPRESIDENT/DIRECTOR TERRY GRIFFIN 1424 NE EXPRESSWAY ATLANTA, GA 30329	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHAIRMAN/PRESIDENT FEENER, MAXWELL 1424 NE EXPRESSWAY ATLANTA, GA 30329	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER MOTHERSHEAD, DAVID R 1424 NE EXPRESSWAY ATLANTA, GA 30329	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATD STANLEY JAMES 1424 NE EXPRESSWAY ATLANTA, GA 30329	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input 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** **04/10/2008** **404-728-1300**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #