

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 736999

**FILED**  
**Jan 09, 2017**  
**Secretary of State**  
**CC2459119027**

**Entity Name:** THE SALVATION ARMY RESIDENCES INCORPORATED

**Current Principal Place of Business:**

1424 NE EXPRESSWAY  
ATLANTA, GA 30329

**Current Mailing Address:**

1424 NE EXPRESSWAY  
ATLANTA, GA 30329

**FEI Number: 59-1737149**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

LUYK, KENNETH DIRECTOR  
5631 VAN DYKE RD  
THE SALVATION ARMY  
LUTZ, FL 33558 US

*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.*

**SIGNATURE: KENNETH LUYK**

**01/09/2017**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VPD  
Name BAILEY, BRADFORD F  
Address 1424 NE EXPRESSWAY  
City-State-Zip: ATLANTA GA 30329

Title CH/P  
Name BELL, DONALD C  
Address 1424 NE EXPRESSWAY  
City-State-Zip: ATLANTA GA 30329

Title T  
Name SEILER, JAMES  
Address 1424 NE EXPRESSWAY  
City-State-Zip: ATLANTA GA 30329

Title ATD  
Name ELLIS, STEPHEN  
Address 1424 NE EXPRESSWAY  
City-State-Zip: ATLANTA GA 30329

Title SEC  
Name MATTHEWS, WARD A  
Address 1424 NORTHEAST EXPRESSWAY  
City-State-Zip: ATLANTA GA 30329

Title D  
Name MCGOURN, MARGARET  
Address 1424 NORTHEAST EXPRESSWAY  
City-State-Zip: ATLANTA GA 30329

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: WARD MATTHEWS**

**SECRETARY**

**01/09/2017**

Electronic Signature of Signing Officer/Director Detail

Date