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Apr 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **736999** (4)
1. Corporation Name
THE SALVATION ARMY RESIDENCES INCORPORATED



Principal Place of Business 1424 NORTHEAST EXPRESSWAY N.E. LEGAL DEPARTMENT ATLANTA GA 30329	Mailing Address 1424 NORTHEAST EXPRESSWAY N.E. LEGAL DEPARTMENT ATLANTA GA 30329-2018
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3. Date Incorporated or Qualified 10/08/1976	3a. Date of Last Report 02/26/1996
4. FEI Number 59-1737149	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent
**SWYERS, PHILIP
3101 LAKE ELLEN LANE
TAMPA FL 33618**

10. Name and Address of New Registered Agent
81 Name **DONALD FAULKNER**
82 Street Address (P.O. Box Number is Not Acceptable)
3101 LAKE ELLEN LANE
83
84 City **TAMPA** 85 Zip Code **FL 33618**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *D.S. Faulkner* **Lt. Colonel Donald S. Faulkner** 3/17/97
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	CT	<input type="checkbox"/> DELETE
NAME	WATSON, ROBERT A	
STREET ADDRESS	615 SLATERS LANE	
CITY-ST-ZIP	ALEXANDRIA VA	
TITLE	PT	<input type="checkbox"/> DELETE
NAME	HOOD, KENNETH	
STREET ADDRESS	1424 NE EXPRESSWAY NE	
CITY-ST-ZIP	ATLANTA GA	
TITLE	T	<input type="checkbox"/> DELETE
NAME	RUTH, FRED L.	
STREET ADDRESS	1424 NE EXPRESSWAY NE	
CITY-ST-ZIP	ATLANTA GA	
TITLE	TAS	<input type="checkbox"/> DELETE
NAME	JAYNES, STANLEY	
STREET ADDRESS	1424 NE EXPRESSWAY NE	
CITY-ST-ZIP	ATLANTA GA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BENNETT, JOSEPH R.	
STREET ADDRESS	1424 NE EXPRESSWAY NE	
CITY-ST-ZIP	ATLANTA GA	
TITLE	VPT	<input type="checkbox"/> DELETE
NAME	SWYERS, B. GORDON	
STREET ADDRESS	1424 NE EXPRESSWAY NE	
CITY-ST-ZIP	ATLANTA GA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DORIS FIZER	
1.3 STREET ADDRESS	1424 NE Expressway, NE	
1.4 CITY-ST-ZIP	Atlanta, GA 30329	
2.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	TED ARROWOOD	
2.3 STREET ADDRESS	1424 NE Expressway, NE	
2.4 CITY-ST-ZIP	Atlanta, GA 30329	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *B. Gordon Swyers* **B. GORDON SWYERS** 2-10-97
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE
VICE PRESIDENT

CR2E037 (9/96)