

FILE NOW: FILING FEE IS \$61.25

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**Feb 24 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		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
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3. Date incorporated or Qualified 10/08/1976		
4. FEI Number 59-1737149	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21	2a. Mailing Address 26
Sulte, Apt. #, etc. 22	Sulte, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**DONALD FAULKNER
3101 LAKE ELLEN LANE
TAMPA FL 33618**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 checked="" type="checkbox"/> DELETE
NAME	HOOD, KENNETH	
STREET ADDRESS	1424 NE EXPRESSWAY NE	
CITY-ST-ZIP	ATLANTA GA	
TITLE	T	<input checked="" 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 checked="" 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	John Busby
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Warren Fulton
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Raymond A. Cooper
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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: _____ **2-10-98**

CF2E037 (10/97)