

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90188 045 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 736999**

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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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/08/1976
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1737149
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	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

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 **FL** 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 type="checkbox"/> DELETE
NAME	BUSBY, JOHN	
STREET ADDRESS	1424 NE EXPRESSWAY NE	
CITY-ST-ZIP	ATLANTA GA	
TITLE	T	<input type="checkbox"/> DELETE
NAME	FULTON, WARREN	
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	COOPER, RAYMOND A.	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 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, with all other like empowered.

SIGNATURE: \_\_\_\_\_ DATE: 1-5-99

**SIGNATURE REQUIRED**

CR2E037 (11/98)