

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 16 PM 3:14

DOCUMENT # 803387

(0)

1. Corporation Name

THE SALVATION ARMY

Principal Place of Business

Mailing Address

% LEGAL DEPARTMENT
1424 NE EXPRESSWAY N.E.
ATLANTA GA 30329

% LEGAL DEPARTMENT
1424 NE EXPRESSWAY N.E.
ATLANTA GA 30329

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/10/1928
3a. Date of Last Report 03/07/1994

4. FEI Number 58-0660607
Applied For Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SWYERS, PHILIP
3101 LAKE ELLEN LANE
TAMPA FL 33618

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and state if applicable

NOTE: Registered Agent signature required when renouncing.

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CT
NAME HODDER, KENNETH L.
STREET ADDRESS 615 SLATERS LANE
CITY-ST-ZIP ALEXANDRIA VA

11 TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE PT
NAME HODDER, KENNETH L.
STREET ADDRESS 1424 N.E. EXPWY.
CITY-ST-ZIP ATLANTA GA

21 TITLE President Change Addition
22 NAME Kenneth Hood
23 STREET ADDRESS 1424 Northeast Expressway
24 CITY-ST-ZIP Atlanta, GA 30329

TITLE VPT
NAME SWYERS, GORDON B.
STREET ADDRESS 1424 N.E. EXPWY.
CITY-ST-ZIP ATLANTA GA

31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE ATT
NAME WARD, H. AL
STREET ADDRESS 1424 N.E. EXPWY.
CITY-ST-ZIP ATLANTA GA

41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE TAS
NAME JAYNES, STANLEY
STREET ADDRESS 1424 N.E. EXPWY.
CITY-ST-ZIP ATLANTA GA

51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE S
NAME BENNETT, JOSEPH R.
STREET ADDRESS 1424 N.E. EXPWY.
CITY-ST-ZIP ATLANTA GA

61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I, the board certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.04(2)(b), 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 in an attachment with an address.

SIGNATURE:

B. Gordon Swyers
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR
B. GORDON SWYERS - VICE PRESIDENT

1-31-95

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