
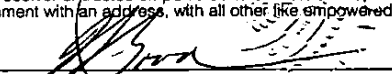


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 05, 2005 8:00 am**  
**Secretary of State**

05-05-2005 90116 030 \*\*\*\*61.25

<b>DOCUMENT # 803387</b>					
1. Entity Name THE SALVATION ARMY					
Principal Place of Business % LEGAL DEPARTMENT 1424 NE EXPRESSWAY N.E. ATLANTA, GA 30329			Mailing Address % LEGAL DEPARTMENT 1424 NE EXPRESSWAY N.E. ATLANTA, GA 30329		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 58-0660607	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HEDGREN, STEVE 5631 VAN DYKE RD. LUTZ, FL 33558			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	CT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARSON, JOHN		NAME		
STREET ADDRESS	615 SLATERS LANE		STREET ADDRESS		
CITY-ST-ZIP	ALEXANDRIA, VA		CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEEDHAM, PHILIP D		NAME		
STREET ADDRESS	1424 N.E. EXPWY.		STREET ADDRESS		
CITY-ST-ZIP	ATLANTA, GA		CITY-ST-ZIP		
TITLE	VPT	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWYERS, PHILIP		NAME	M.S. Feener	
STREET ADDRESS	1424 NE EXPWY		STREET ADDRESS	1424 N.E. Expressway	
CITY-ST-ZIP	ATLANTA, GA		CITY-ST-ZIP	Atlanta, GA	
TITLE	ATT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOTHERSHED, DAVID R		NAME		
STREET ADDRESS	1424 NE EXPRESSWAY		STREET ADDRESS		
CITY-ST-ZIP	ATLANTA, GA		CITY-ST-ZIP		
TITLE	TAS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARD, H. AL		NAME		
STREET ADDRESS	1424 N.E. EXPWY.		STREET ADDRESS		
CITY-ST-ZIP	ATLANTA, GA		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODIER, WILLIAM R N		NAME		
STREET ADDRESS	2880 GRAVITT RD		STREET ADDRESS		
CITY-ST-ZIP	DULUTH, GA 30096		CITY-ST-ZIP		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			4/19/05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
WILLIAM R. N. GOODIER			SECRETARY		

50049721



04182005 Chg-NP CR2E037 (10/03)

Applied For  
Not Applicable

\$8.75 Additional Fee Required

FL Zip Code

Make check payable to Florida Department of State

Change  Addition

Change  Addition

Change  Addition

Change  Addition

Change  Addition

Daytime Phone #

JOHN LARSSON  
GENERAL



PHILIP D. NEEDHAM  
TERRITORIAL COMMANDER

# THE SALVATION ARMY

FOUNDED IN 1865 BY WILLIAM BOOTH

USA SOUTHERN TERRITORY • 1424 NORTHEAST EXPRESSWAY • ATLANTA, GA 30329

PHONE (404) 728-1300 • FAX (404) 728-1331

Attachment  
50049721  
#803387

April 19, 2005

Florida Department of State  
Division of Corporations  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

**RE: Annual Report – 2005  
State of Florida  
The Salvation Army, a Georgia Corporation**

To Whom It May Concern:

The Board of Trustees, April 19, 2005, executed the 2005 Not-For-Profit Corporation Annual Report for the above corporation and same is enclosed for processing.

Enclosed is check in the amount of \$61.25 to cover the filing fee.

May God's blessing be upon you!

Sincerely,

Melanie Mathis Brackett  
ASSISTANT SECRETARY BOARD OF TRUSTEES

MMB: AAW  
Enclosure  
cc: Terr. Fin. + voucher