


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006 8:00 am
Secretary of State

02-03-2006 90001 025 ****70.00

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| | | | | | |
|--|----------------------|--|---|---|--|
| DOCUMENT # 803387 | | | |  | |
| 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 | | |
| Zip | | Country | | Zip | |
| Country | | Country | | 01242006 Chg-NP CR2E037 (11/05) | |
| 4. FEI Number 58-0660607 | | | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input checked="" 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> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE | CT | <input checked="" type="checkbox"/> Delete | TITLE | W. Todd Bassett | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LARSON, JOHN | | NAME | 615 Slaters Lane | |
| STREET ADDRESS | 615 SLATERS LANE | | STREET ADDRESS | Alexandria, VA | |
| CITY-ST-ZIP | ALEXANDRIA, VA | | CITY-ST-ZIP | | |
| TITLE | P | <input 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 | V | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FEENER, M S | | NAME | | |
| STREET ADDRESS | 1424 NE EXPRESSWAY | | STREET ADDRESS | | |
| CITY-ST-ZIP | ATLANTA, GA 30329 | | CITY-ST-ZIP | | |
| 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 exemptions contained in Chapter 119, 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: _____ <i>M.S. Feener</i> _____ | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | Date | |
| M.S. FEENER | | | | 1/24/06 | |
| VICE PRESIDENT | | | | Daytime Phone # | |

JOHN LARSSON
GENERAL



ATTACHMENT

60011002

#803387

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

January 24, 2006

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

**RE: Annual Report – 2006
Certificate of Good Standing
State of Florida
The Salvation Army, a Georgia Corporation**

To Whom It May Concern:

The Board of Trustees, January 24, 2006, executed the 2006 Not-for-Profit Corporation Annual Report for the above corporation and same is enclosed for processing.

Enclosed is a check in the amount of \$70.00, which covers the filing fee and cost of a Certificate of Good Standing.

May God's blessings be on you!

Sincerely,

Melanie Mathis Brackett, Esq.
ASSISTANT SECRETARY BOARD OF TRUSTEES

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