2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2009
Secretary of State

DOCUMENT# 803387

Entity Name: THE SALVATION ARMY

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 58-0660607 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

JEWETT, VERN
5631 VAN DYKE RD.
LUTZ, FL 33558 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: C ( ) Delete
Name: GAITHER, ISRAEL L
Address: 615 SLATERS LANE
City-St-Zip: ALEXANDRIA, VA

Title: P ( ) Delete
Name: FEENER, M.S.
Address: 1424 N.E. EXPWY.
City-St-Zip: ATLANTA, GA

Title: V ( ) Delete
Name: GRIFFIN, TERRY
Address: 1424 NE EXPRESSWAY
City-St-Zip: ATLANTA, GA 30329

Title: ATT ( ) Delete
Name: ELLIS, STEPHEN T
Address: 1424 NE EXPRESSWAY
City-St-Zip: ATLANTA, GA

Title: TAS ( ) Delete
Name: JOHNSON, KENNETH O JR
Address: 1424 N.E. EXPWY.
City-St-Zip: ATLANTA, GA

Title: S ( ) Delete
Name: POWELL, CHARLES W
Address: 2880 GRAVITT RD
City-St-Zip: DULUTH, GA 30096

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change ( ) Addition
Name: POWELL, CHARLES M
Address: 1424 N.E. EXPRESSWAY
City-St-Zip: DULUTH, GA 30096

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES M. POWELL S 01/15/2009

Electronic Signature of Signing Officer or Director Date