

**2018 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 803387

**FILED**  
**Feb 15, 2018**  
**Secretary of State**  
**CC5679572957**

**Entity Name:** THE SALVATION ARMY

**Current Principal Place of Business:**

1424 N.E. EXPRESSWAY, N.E.  
ATLANTA, GA 30329

**Current Mailing Address:**

1424 N.E. EXPRESSWAY, N.E.  
ATLANTA, GA 30329 US

**FEI Number:** 58-0660607

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

LUYK, KENNETH O  
5631 VAN DYKE RD.  
LUTZ, FL 33558 US

*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

**Officer/Director Detail :**

Title	C	Title	P
Name	HUDSON, DAVID	Name	HOWELL, WILLIS
Address	615 SLATERS LANE	Address	1424 N.E. EXPWY.
City-State-Zip:	ALEXANDRIA VA	City-State-Zip:	ATLANTA GA
Title	VP	Title	AT
Name	BUKIEWICZ, RALPH	Name	ELLIS, STEPHEN T
Address	1424 N.E. EXPRESSWAY, N.E.	Address	1424 NE EXPRESSWAY
City-State-Zip:	ATLANTA GA 30329	City-State-Zip:	ATLANTA GA
Title	T	Title	S
Name	SEILER, JAMES K.	Name	BRACKETT, MELANIE M
Address	1424 N.E. EXPRESSWAY, N.E.	Address	1424 N.E. EXPRESSWAY
City-State-Zip:	ATLANTA GA 30329	City-State-Zip:	ATLANTA GA 30329

*I hereby 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 all other like empowered.*

**SIGNATURE:** MELANIE MATHIS BRACKETT

**SECRETARY**

**02/15/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date