

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 15, 2001 8:00 am**  
**Secretary of State**

02-15-2001 90072 017 \*\*\*\*61.25

**DOCUMENT # 803387**

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**58-0660607**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FAULKNER, DONALD**  
**3101 LAKE ELLEN LANE**  
**TAMPA FL 33618**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CT	<input type="checkbox"/> Delete
NAME	BUSBY, JOHN	
STREET ADDRESS	615 SLATERS LANE	
CITY-ST-ZIP	ALEXANDRIA VA	
TITLE	P	<input type="checkbox"/> Delete
NAME	COOPER, RAYMOND A	
STREET ADDRESS	1424 N.E. EXPWY.	
CITY-ST-ZIP	ATLANTA GA	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	HERNDON, GARY L	
STREET ADDRESS	1424 NE EXPWY	
CITY-ST-ZIP	ATLANTA GA	
TITLE	ATT	<input type="checkbox"/> Delete
NAME	MOTHERSHED, DAVID R	
STREET ADDRESS	1424 NE EXPRESSWAY	
CITY-ST-ZIP	ATLANTA GA	
TITLE	TAS	<input type="checkbox"/> Delete
NAME	WARD, H. AL	
STREET ADDRESS	1424 N.E. EXPWY.	
CITY-ST-ZIP	ATLANTA GA	
TITLE	S	<input type="checkbox"/> Delete
NAME	BENNETT, JOSEPH R.	
STREET ADDRESS	1424 N.E. EXPWY.	
CITY-ST-ZIP	ATLANTA GA	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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:

**SIGNATURE REQUIRED**

PRINTED NAME OF SIGNER PRESIDENT DIRECTOR

2-5-2001

Date

Daytime Phone #

CR2E037 (10/00)