

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 03, 2002 8:00 am
Secretary of State

03-03-2002 90105 040 ****61.25

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
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80033870



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 58-0660607		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Zip	Country	Zip	Country				

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	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BUSBY, JOHN			NAME			
STREET ADDRESS	615 SLATERS LANE			STREET ADDRESS			
CITY-ST-ZIP	ALEXANDRIA VA			CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COOPER, RAYMOND A			NAME			
STREET ADDRESS	1424 N.E. EXPWY.			STREET ADDRESS			
CITY-ST-ZIP	ATLANTA GA			CITY-ST-ZIP			
TITLE	VPT	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HERNDON, GARY L			NAME			
STREET ADDRESS	1424 NE EXPWY			STREET ADDRESS			
CITY-ST-ZIP	ATLANTA GA			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 checked="" type="checkbox"/> Delete		TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BENNETT, JOSEPH R.			NAME	William R. N. Goodier		
STREET ADDRESS	1424 N.E. EXPWY.			STREET ADDRESS	2880 Gravitt Rd.		
CITY-ST-ZIP	ATLANTA GA			CITY-ST-ZIP	Duluth, GA 30096		

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 other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** *Raymond A. Cooper* **PRESIDENT** *2-11-02*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)