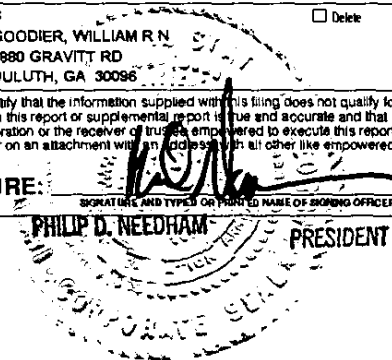


**2003 NOT-FOR-PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

| | | | | | | | | | |
|--|-------------------------------------|---|---|--|--|-------------|--|----------------|-------------------------------------|
| DOCUMENT # 803387 1. Entity Name THE SALVATION ARMY | | | | 80125813 | | | | | |
| 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 | | <p style="text-align: center;"><input type="checkbox"/> CHECK HERE IF MAKING CHANGES</p> | | | | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | | | | |
| City & State | | City & State | | | | | | | |
| Zip | | Zip | | 4. FEI Number 58-0660607 <table border="1" style="float: right; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Applied For</td> <td></td> </tr> <tr> <td style="padding: 2px;">Not Applicable</td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> </table> | | Applied For | | Not Applicable | <input checked="" type="checkbox"/> |
| Applied For | | | | | | | | | |
| Not Applicable | <input checked="" type="checkbox"/> | | | | | | | | |
| 6. Name and Address of Current Registered Agent | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | | | | |
| FAULKNER, DONALD 3101 LAKE ELLEN LANE TAMPA, FL 33618 | | 7. Name and Address of New Registered Agent | | | | | | | |
| | | 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 _____ DATE _____ <small>Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when electing)</small> | | | | | | | | | |
| FILE NOW: FEES IS \$61.25 | | 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 | CT | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| NAME | BUSBY, JOHN | | NAME | LARSSON, JOHN | | | | | |
| STREET ADDRESS | 616 SLATERS LANE | | STREET ADDRESS | 615 Slaters Lane | | | | | |
| CITY-ST-ZIP | ALEXANDRIA, VA | | CITY-ST-ZIP | ALEXANDRIA, VA | | | | | |
| TITLE | P | <input checked="" type="checkbox"/> Delete | TITLE | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| NAME | COOPER, RAYMOND A | | NAME | NEEDHAM, PHILIP D. | | | | | |
| STREET ADDRESS | 1424 N.E. EXPWY. | | STREET ADDRESS | 1424 N.E. Expressway | | | | | |
| CITY-ST-ZIP | ATLANTA, GA | | CITY-ST-ZIP | Atlanta, GA | | | | | |
| TITLE | VPT | <input checked="" type="checkbox"/> Delete | TITLE | VPT | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| NAME | HERNDON, GARY L | | NAME | SWYERS, PHILIP | | | | | |
| STREET ADDRESS | 1424 NE EXPWY | | STREET ADDRESS | 1424 N.E. Expressway | | | | | |
| CITY-ST-ZIP | ATLANTA, GA | | CITY-ST-ZIP | Atlanta, GA | | | | | |
| 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 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: _____ | | Date: <u>June 3, 2003</u> | | | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PHILIP D. NEEDHAM PRESIDENT | | Date: _____ County: _____ | | | | | | | |



CD25037 (10/02)