


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 10, 1999 8:00 am**  
**Secretary of State**

03-10-1999 90050 017 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 834685**

1. Corporation Name  
**LDS SOCIAL SERVICES**

Principal Place of Business 10 E SOUTH TEMPLE #1200 SALT LAKE CITY UT 84133 US	Mailing Address % MCCONKIE, DAVID. M 60 E. TEMPLE #1800 SALT LAKE CITY UT 84111-1004 US
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21. Principal Place of Business Suite, Apt. #, etc.	22. Mailing Address Suite, Apt. #, etc.	23. Date Incorporated or Qualified <b>07/15/1975</b>
24. City & State Zip Country	25. City & State Zip Country	26. FEI Number <b>87-0299862</b>
27. Certificate of Status Desired <input type="checkbox"/>		28. Applied For Not Applicable
29. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		30. \$8.75 Additional Fee Required \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM**  
**1200 S. PINE ISLAND ROAD**  
**PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	<b>FL</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MARY ELLEN SMOOT	
STREET ADDRESS	76 MAIN N	
CITY-ST-ZIP	SALT LAKE CITY UT	
TITLE	D	<input type="checkbox"/> DELETE
NAME	REAMS, BETTY	
STREET ADDRESS	236 SHERWOOD DR.	
CITY-ST-ZIP	QUINTON VA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOMER, JOHN RUSSELL	
STREET ADDRESS	50 E NO TEMPLE	
CITY-ST-ZIP	SALT LAKE CIT UT	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	RILEY, FRED	
STREET ADDRESS	10 EAST SOUTH TEMPLE #1200	
CITY-ST-ZIP	SALT LAKE CITY UT	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SUNDAY, STEVEN	
STREET ADDRESS	10 E SO TEMPLE #1200	
CITY-ST-ZIP	SALT LAKE CITY UT	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	SCHARMAN, S BRENT	
STREET ADDRESS	10 EAST S TEMPLE #1200	
CITY-ST-ZIP	SALT LAKE CITY UT	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 David M. McConkie, Secretary

Feb. 22, 1999 (801) 328-3600

Date Daytime Phone #

CR2E037 (1/198)