

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB 20 AM 11:23

DOCUMENT # **848667** (2)

1. Corporation Name  
**CORPORATION OF THE PRESIDING BISHOP OF THE CHURCH  
OF JESUS CHRIST OF LATTER-DAY SAINTS**

Principal Place of Business <b>50 EAST NORTH TEMPLE SALT LAKE CITY UT 84150</b>	Mailing Address <b>60 E SO TEMPLE #1800 SALT LAKE CITY UT 84111-1004 US</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>03/30/1981</b>	3a. Date of Last Report <b>03/14/1994</b>
4. FEI Number <b>87-0234341</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for Intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CS	1.1 TITLE	Corporate Sole <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALES, ROBERT D.	1.2 NAME	MERRILL J. BATEMAN
STREET ADDRESS	% 50 EAST NORTH TEMPLE	1.3 STREET ADDRESS	50 East North Temple
CITY-ST-ZIP	SALT LAKE CITY UT	1.4 CITY-ST-ZIP	Salt Lake City UT 84150
TITLE	CS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURTON, H D	2.2 NAME	
STREET ADDRESS	50 E NO TEMPLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	SALT LAKE CITY UT	2.4 CITY-ST-ZIP	
TITLE	CS	3.1 TITLE	Authorized Agent <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDGLEY, RICHARD C	3.2 NAME	WILFORD W. KIRTON, JR.
STREET ADDRESS	50 E NO TEMPLE	3.3 STREET ADDRESS	60 East South Temple #1800
CITY-ST-ZIP	SALT LAKE CITY UT	3.4 CITY-ST-ZIP	Salt Lake City UT 84111-1004
TITLE		4.1 TITLE	AUTHORIZED AGENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	Richard C. Edgley
STREET ADDRESS		4.3 STREET ADDRESS	50 East North Temple
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Salt Lake City UT 84150
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Wilford W. Kirton, Jr. February 13, 1995 (801) 328-3600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Wilford W. Kirton, Jr. (Authorized Agent)**