

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 01, 2002 8:00 am**  
**Secretary of State**

02-01-2002 90041 048 \*\*\*\*61.25

**DOCUMENT # 848667**

1. Entity Name

**CORPORATION OF THE PRESIDING BISHOP OF THE CHURCH OF JESUS CHRIST OF LATTER-DAY SAINTS**

Principal Place of Business

Mailing Address

**50 EAST NORTH TEMPLE  
 SALT LAKE CITY UT 84150**

**60 E SO TEMPLE  
 #1800  
 SALT LAKE CITY UT 84111-1004  
 US**

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

**87-0234341**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301**

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	<b>CSD</b>	<input type="checkbox"/> Delete
NAME	<b>BURTON, H. DAVID</b>	
STREET ADDRESS	<b>50 EAST NORTH TEMPLE</b>	
CITY-ST-ZIP	<b>SALT LAKE CITY UT 84150</b>	
TITLE	<b>AAT</b>	<input type="checkbox"/> Delete
NAME	<b>EDGLEY, RICHARD C</b>	
STREET ADDRESS	<b>50 E NO TEMPLE</b>	
CITY-ST-ZIP	<b>SALT LAKE CITY UT 84150</b>	
TITLE	<b>AAT</b>	<input type="checkbox"/> Delete
NAME	<b>MC MULLEN, KEITH B</b>	
STREET ADDRESS	<b>50 E NO TEMPLE</b>	
CITY-ST-ZIP	<b>SALT LAKE CITY UT 84150</b>	
TITLE	<b>AA</b>	<input type="checkbox"/> Delete
NAME	<b>KEETCH, VON G</b>	
STREET ADDRESS	<b>60 EAST SOUTH TEMPLE #1800</b>	
CITY-ST-ZIP	<b>SALT LAKE CITY UT 84111</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 proper like approvals.

SIGNATURE:

**SIGNATURE: VON G. KEETCH, REGISTERED AGENT**

1/8/02

Date

(801) 328-3600

Daytime Phone #

CR2E037 (9/01)