

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB -1 PM 1:55

DOCUMENT # **P17320** (3)

1. Corporation Name

REORGANIZED CHURCH OF JESUS CHRIST OF LATTER DAY  
SAINTS, INC.

Principal Place of Business

Mailing Address

1001 W. WALNUT  
P.O. BOX 1059  
INDEPENDENCE MO 64051

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P.O. BOX 1059  
INDEPENDENCE MO 64051

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified **12/21/1987** 3a. Date of Last Report **01/24/1994**  
4. FEI Number **44-0552038** Applied For  
Not Applicable

2. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
22. City & State	27. City & State	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
23. Zip Country	28. Zip Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
GREGG, ELAINE F. 1705 FIELD ROAD SARASOTA FL 34231		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL 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	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWALS, NORMAN E	1.2 NAME	
STREET ADDRESS	201 S RIVER	1.3 STREET ADDRESS	
CITY-ST-ZIP	INDEPENDENCE MO	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NORRIS, LARRY R	2.2 NAME	
STREET ADDRESS	201 S RIVER	2.3 STREET ADDRESS	
CITY-ST-ZIP	INDEPENDENCE MO	2.4 CITY-ST-ZIP	
TITLE	ASD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIEPERGERDES, DENNIS D	3.2 NAME	
STREET ADDRESS	201 S RIVER	3.3 STREET ADDRESS	
CITY-ST-ZIP	INDEPENDENCE MO	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature], Presiding Bishop Date: 1/20/95 816/833-1000