


FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

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

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

3. Date Incorporated or Qualified  
12/21/1987

4. FEI Number  
44-0552038

Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?  Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

GREGG, ELAINE F.  
1705 FIELD ROAD  
SARASOTA FL 34231

10. Name and Address of New Registered Agent

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 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	ASD	<input checked="" type="checkbox"/> DELETE
NAME	FISHER, ORVAL G.	
STREET ADDRESS	201 SOUTH RIVER	
CITY-ST-ZIP	INDEPENDENCE MO	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	NORRIS, LARRY R	
STREET ADDRESS	201 S RIVER	
CITY-ST-ZIP	INDEPENDENCE MO	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	PIEPERGERDES, DENNIS D	
STREET ADDRESS	201 S RIVER	
CITY-ST-ZIP	INDEPENDENCE MO	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D + T	Presiding Bishop	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		Larry R. Norris	
1.3 STREET ADDRESS		201 S. River, P.O. Box 1059	
1.4 CITY-ST-ZIP		Independence, MO 64051	
2.1 TITLE	D + T	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		Orval G. Fisher	
2.3 STREET ADDRESS		201 S. River, P.O. Box 1059	
2.4 CITY-ST-ZIP		Independence, MO 64051	
3.1 TITLE	D + T	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		Steve Jones	
3.3 STREET ADDRESS		201 S. River, P.O. Box 1059	
3.4 CITY-ST-ZIP		Independence, MO 64051	
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.

SIGNATURE: Larry R. Norris 1-13-98

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E037 (10/97)