

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2002 8:00 am**  
**Secretary of State**

01-31-2002 90240 001 \*\*\*122.50

**DOCUMENT # P17320**

1. Entity 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

11113



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**44-0552038**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GREGG, ELAINE F.**  
**1705 FIELD ROAD**  
**SARASOTA FL 34231**

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  Delete  
**DT**  
NAME **NORRIS, LARRY R.**  
STREET ADDRESS **201 SOUTH RIVER**  
CITY-ST-ZIP **INDEPENDENCE MO 64051**

Change  Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
**DT**  
NAME **FISHER, ORAL G.**  
STREET ADDRESS **201 S RIVER**  
CITY-ST-ZIP **INDEPENDENCE MO 64051**

Change  Addition  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
**DT**  
NAME **JONES, STEVE**  
STREET ADDRESS **201 S RIVER**  
CITY-ST-ZIP **INDEPENDENCE MO 64051**

Change  Addition  
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STREET ADDRESS  
CITY-ST-ZIP

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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 other like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/08/02

Date

Daytime Phone #

CR2E037 (9/01)