


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2006 8:00 am**  
**Secretary of State**

02-14-2006 90002 017 \*\*\*\*61.25

<b>DOCUMENT # P17320</b> 1. Entity Name <b>REORGANIZED CHURCH OF JESUS CHRIST OF LATTER DAY SAINTS, INC.</b>	
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Principal Place of Business <b>1001 W. WALNUT P.O. BOX 1059 INDEPENDENCE, MO 64051</b>	Mailing Address <b>1001 W. WALNUT P.O. BOX 1059 INDEPENDENCE, MO 64051</b>
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00010600



2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

01312006	Chg-NP	CR2E037 (11/05)
4. FEI Number <b>44-0552038</b>	Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  <b>SAVAGE, GREG 708 SEBECA MEADOWS ROAD WINTER SPRINGS, FL 32708</b>	<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> Zip Code
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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. I am familiar with, and accept the obligations of registered agent.

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

<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE	DT <input type="checkbox"/> Delete
NAME	NORRIS, LARRY R.
STREET ADDRESS	201 SOUTH RIVER
CITY-ST-ZIP	INDEPENDENCE, MO 64051
TITLE	DT <input type="checkbox"/> Delete
NAME	JONES, STEVE
STREET ADDRESS	201 S RIVER
CITY-ST-ZIP	INDEPENDENCE, MO 64051
TITLE	DT <input checked="" type="checkbox"/> Delete
NAME	CRAMM, STASSI D
STREET ADDRESS	201 S RIVER
CITY-ST-ZIP	INDEPENDENCE, MO 64051
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"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	R. Paul Davis
STREET ADDRESS	1001 W. Walnut
CITY-ST-ZIP	Independence, MO 64050
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Date Daytime Phone #