

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2007 8:00 am
Secretary of State

02-07-2007 90031 019 ****61.25

DOCUMENT # P17320



1. Entity Name
 REORGANIZED CHURCH OF JESUS CHRIST OF LATTER
 DAY SAINTS, INC.

Principal Place of Business
 1001 W. WALNUT
 P.O. BOX 1059
 INDEPENDENCE, MO 64051

Mailing Address
 1001 W. WALNUT
 P.O. BOX 1059
 INDEPENDENCE, MO 64051

40010158



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01032007 Chg-NP CR2E037 (12/06)

City & State
 Zip Country

4. FEI Number
 44-0552038

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 SAVAGE, GREG
 708 SEBECA MEADOWS ROAD
 WINTER SPRINGS, FL 32708

7. Name and Address of New Registered Agent
 Name Robert Watkins
 Street Address (P.O. Box Number is Not Acceptable)
581 Hunters Run Blvd.
 City Lakeland FL Zip Code 33809

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 *Robert Watkins* DATE 2-4-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2007

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT NORRIS, LARRY R. 201 SOUTH RIVER INDEPENDENCE, MO 64051	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT JONES, STEVE 201 S RIVER INDEPENDENCE, MO 64051	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT DAVIS, R. PAUL 1001 W WALNUT INDEPENDENCE, MO 64050	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Larry R. Jones* DATE 01-04-07 DAYTIME PHONE # 816-833-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #