

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90067 011 ****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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **44-0552038**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

GREGG, ELAINE F.
1705 FIELD ROAD
SARASOTA FL 34231

7. Name and Address of New Registered Agent:

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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE Change Addition
NAME **Stassi D. Cramm**
STREET ADDRESS **201 S. River**
CITY-ST-ZIP **Independence, MO 64051**

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

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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TITLE Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
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: **Stassi D. Cramm**

1/17/03

816/833-1000

CR2E037 (10/02)