# FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 9:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P22716** **(5)**

1. Corporation Name

**THE TRUE CHURCH OF JESUS CHRIST OF LATTER DAY SA INTS**

| Principal Place of Business | Mailing Address |
|---|---|
| 6022 S.W. 34TH ST<br>FT. LAUDERDALE FL 33314<br>US | 6022 S.W. 34TH ST.<br>FT LAUDERDALE FL 33314<br>US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/25/1989**
3a. Date of Last Report: **05/01/1994**
4. FEI Number: **43-1222779** ☐ Applied For ☐ Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☒ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 / Country 25 | Zip 29 / Country 30 |

**9. Name and Address of Current Registered Agent**

**SCHUT, JOHAN J.**
**6022 S.W. 34TH ST.**
**FT. LAUDERDALE FL 33314**

**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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (Signature, Typed or Printed Name of Registered Agent and Title if Applicable) (NOTE: Registered Agent Signature required when changing) (DATE)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | VSD | 11 TITLE | ☐ Change ☐ Addition |
| NAME | ROBERTS, DENISE L | 12 NAME | |
| STREET ADDRESS | 3020 S. NATIONAL, S-152 | 13 STREET ADDRESS | |
| CITY-ST-ZIP | SPRINGFIELD MO | 14 CITY ST ZIP | |
| TITLE | SD | 21 TITLE | ☐ Change ☐ Addition |
| NAME | BROWN, RONALD D | 22 NAME | |
| STREET ADDRESS | 208 S. WINEBIDDLE, APT. 2 | 23 STREET ADDRESS | |
| CITY-ST-ZIP | PITTSBURGH PA | 24 CITY ST ZIP | |
| TITLE | PD | 31 TITLE | ☐ Change ☐ Addition |
| NAME | ROBERTS, DAVID L | 32 NAME | |
| STREET ADDRESS | 3020 S. NATIONAL, S-152 | 33 STREET ADDRESS | |
| CITY ST ZIP | SPRINGFIELD MO | 34 CITY ST ZIP | |
| TITLE | | 41 TITLE | ☐ Change ☐ Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY ST ZIP | | 44 CITY ST ZIP | |
| TITLE | | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY ST ZIP | | 54 CITY ST ZIP | |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY ST ZIP | | 64 CITY ST ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Dr. David L. Roberts 4-26-95 305-584-9110
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Telephone Number
DR. DAVID L. ROBERTS

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