

**2020 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 834685

**FILED  
Mar 04, 2020  
Secretary of State  
3508300548CC**

**Entity Name:** THE CHURCH OF JESUS CHRIST OF LATTER-DAY SAINTS  
FAMILY SERVICES INCORPORATED

**Current Principal Place of Business:**

50 E. NORTH TEMPLE  
SALT LAKE CITY, UT 84150

**Current Mailing Address:**

C/O DAVID A. CHANNER  
50 E. NORTH TEMPLE 2WW  
SALT LAKE CITY, UT 84150 US

**FEI Number: 87-0299862**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT, COMMISSIONER  
Name            STINSON, SHERILYN C.  
Address        50 E. NORTH TEMPLE  
City-State-Zip: SALT LAKE CITY UT 84150

Title            SECRETARY  
Name            JENKINS, LARRY S.  
Address        36 S. STATE, SUITE 1900  
City-State-Zip: SALT LAKE CITY UT 84111

Title            TREASURER  
Name            CARMEN, GORDON F.  
Address        50 E. NORTH TEMPLE  
City-State-Zip: SALT LAKE CITY UT 84150

Title            TRUSTEE  
Name            BINGHAM, JEAN B.  
Address        50 E. NORTH TEMPLE  
City-State-Zip: SALT LAKE CITY UT 84150

Title            TRUSTEE  
Name            GIBSON, RULON O  
Address        530 NORTH 80 WEST  
City-State-Zip: LINDON UT 84042

Title            TRUSTEE, CHAIRMAN  
Name            MAXFIELD, BLAINE R.  
Address        50 E. NORTH TEMPLE  
City-State-Zip: SALT LAKE CITY UT 84150

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: LARRY S. JENKINS**

**SECRETARY**

**03/04/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date