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CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 30 AM 10:45

DOCUMENT # 718056 (5)

1. Corporation Name

SOUTHERN CROSS CHRISTIAN SCHOOLS, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

P.O. BOX 370009
MIAMI FL 33137-0009
US

P.O. BOX 370009
MIAMI FL 33137-0009
US

3. Date Incorporated or Qualified

02/11/1970

3a. Date of Last Report

04/07/1994

4. FEI Number

59-1283568

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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 S. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LARKIN, STANLEY C.
893 NE 82 ST
MIAMI FL 33138

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	LARKIN, STANLEY C.
STREET ADDRESS	893 NE 82 ST
CITY - ST - ZIP	MIAMI FL
TITLE	VD
NAME	GRABLE, DOUGLAS L.
STREET ADDRESS	5101 COLLINS AVE., #12-E
CITY - ST - ZIP	MIAMI BEACH FL
TITLE	STD
NAME	HINSON, DONALD J.
STREET ADDRESS	646 NE 81 ST.
CITY - ST - ZIP	MIAMI FL
TITLE	D
NAME	GRABLE, SALLIE K.
STREET ADDRESS	5101 COLLINS AVE., #12-E
CITY - ST - ZIP	MIAMI BEACH FL
TITLE	D
NAME	BIGELOW, MARY LOUISE
STREET ADDRESS	111 FIRST TERRACE The Grand Condo 1736
CITY - ST - ZIP	MIAMI BEACH FL 1717 N. Bayshore Dr.
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	Miami, FL 33132

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
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 110.07(3)(k), 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 the 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:

Stanley C. Larkin
SIGNATURE AND TYPE ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Stanley C. Larkin

March 9, 1995 (305) 751-1573
DATE DAYTIME PHONE