

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Jun 11, 2012
Secretary of State

Entity Name: SOUTHERN CROSS CAMPUS, INC.

Current Principal Place of Business:

143 HARRISBURG ST
PORT CHARLOTTE, FL 33954

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 494059
PORT CHARLOTTE, FL 33949

New Mailing Address:

FEI Number: 26-4090530

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CRANMER, ANNA
143 HARRISBURG ST
PORT CHARLOTTE, FL 33954 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD
Name: CRANMER, ANNA
Address: 143 HARRISBURG STREET
City-St-Zip: PORT CHARLOTTE, FL 33954

Title: EVD
Name: BASILE, ANGELINA
Address: 143 HARRISBURG ST
City-St-Zip: PORT CHARLOTTE, FL 33954

Title: V
Name: CARDILLO, GARY
Address: 960 LASSINO CT
City-St-Zip: PUNTA GORDA, FL 33950

Title: ACCT
Name: SCHORTZ, JOSEPH R
Address: 4161 TAMiami TRAIL, SUITE 501
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: SEC
Name: CRANMER, BRIANNA
Address: 143 HARRISBURG ST
City-St-Zip: PORT CHARLOTTE, FL 33954

Title: MED
Name: YAREMO, THEODORE MD
Address: 932 MESSINA DRIVE
City-St-Zip: PUNTA GORDA, FL 33980

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: ANNA CRANMER

MRS

06/11/2012

Electronic Signature of Signing Officer or Director

Date