FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

APPROVED AND FILED

95 MAY -1 AM 8:44

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # N94000004216 (7)

LUTHERAN CHURCH OF THE CROSS DAY SCHOOL, INC.

Principal Place of Business: 4545 CHANCELLOR DR. ST. PETERSBURG FL 33703

Mailing Address: 4545 CHANCELLOR DR. ST PETERSBURG FL 33703

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/29/1994

3a. Date of Last Report:

4. FEI Number: 59-3295611 — 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 S. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21 4545 Chancellor St. NE	26 4545 Chancellor St NE
22 Suite, Apt #, etc	27 Suite, Apt #, etc
23 City & State: St. Pete FL	28 City & State: St. Pete FL
24 Zip: 33703 — 25 Country: USA	29 Zip: 33703 — 30 Country: USA

9. Name and Address of Current Registered Agent

SLICKER, WILLIAM D
447 3RD AVENUE NORTH
SUITE 405
ST. PETERSBURG FL 33701

10. Name and Address of New Registered Agent

81 Name: Jerry Rigby
82 Street Address (P.O. Box Number is Not Acceptable): 1251 - 37th Ave. NE
83
84 City: St. Petersburg FL 85 Zip Code: 33704

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] Date: 4/27/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D/T ☐ Change ☑ Addition
NAME	GILBERT, GINNY	1.2 NAME	Kevin Tatreau
STREET ADDRESS	1906 ARROWHEAD DR. NE	1.3 STREET ADDRESS	1710 Georgia Ave. NE
CITY ST ZIP	ST. PETERSBURG FL 33703	1.4 CITY ST ZIP	St. Petersburg FL 33703
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	HARTNEY, JALEEN	2.2 NAME	
STREET ADDRESS	842 - 36TH AVE. N	2.3 STREET ADDRESS	
CITY ST ZIP	ST. PETERSBURG FL 33704	2.4 CITY ST ZIP	
TITLE	D	3.1 TITLE	D ☐ Change ☑ Addition
NAME	JENNINGS, PENNY	3.2 NAME	Kevin Mooren
STREET ADDRESS	516 - 20TH AVE. NE	3.3 STREET ADDRESS	5300 Dover St. NE
CITY ST ZIP	ST. PETERSBURG FL 33704	3.4 CITY ST ZIP	St. Petersburg FL 33703
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	JOFFE, DAVID	4.2 NAME	
STREET ADDRESS	107 - 11TH AVE. N	4.3 STREET ADDRESS	
CITY ST ZIP	ST. PETERSBURG FL 33701	4.4 CITY ST ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	MORRIS, JUNE	5.2 NAME	
STREET ADDRESS	5230 DENVERR ST. NE	5.3 STREET ADDRESS	
CITY ST ZIP	ST. PETERSBURG FL 33703	5.4 CITY ST ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	PEROZZI, BERT	6.2 NAME	
STREET ADDRESS	935 LIVE OAK TERRACE NE	6.3 STREET ADDRESS	
CITY ST ZIP	ST. PETERSBURG FL	6.4 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: [signature] Kevin L. Tatreau, Treasurer 4-25-95 813-225-5220

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0055406