

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N94000004216 (7)

1. Corporation Name

LUTHERAN CHURCH OF THE CROSS DAY SCHOOL, INC.



Principal Place of Business

Mailing Address

4545 CHANCELLOR ST. N.E.
ST. PETERSBURG FL 33703
US

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ST. PETERSBURG FL 33703
US

3. Date Incorporated or Qualified
08/29/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

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

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

RIGBY, JERRY
1251-37TH AVE., N.E.
SUITE 405
ST. PETERSBURG FL 33704

81 Name
Frederick N. Olson

82 Street Address (P.O. Box Number is Not Acceptable)

2090 Kansas Ave. NE

83

84

City St. Petersburg FL

85 Zip Code

33703

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Frederick N. Olson, President

(NOTE: Registered Agent signature required when reinstating)

DATE

6-23-96

12. OFFICERS AND DIRECTORS

TITLE D
NAME GILBERT, GINNY
STREET ADDRESS 1908 ARROWHEAD DR. NE
CITY - ST - ZIP ST. PETERSBURG FL 33703

☒ DELETE

TITLE D
NAME HARTNEY, JALEEN
STREET ADDRESS 842 - 38TH AVE. N
CITY - ST - ZIP ST. PETERSBURG FL 33704

☐ DELETE

TITLE D
NAME JENNINGS, PENNY
STREET ADDRESS 516 - 20TH AVE. NE
CITY - ST - ZIP ST. PETERSBURG FL 33704

☒ DELETE

TITLE D
NAME JOFFE, DAVID
STREET ADDRESS 107 - 11TH AVE. N
CITY - ST - ZIP ST. PETERSBURG FL 33701

☐ DELETE

TITLE D
NAME MORRIS, JUNE
STREET ADDRESS 5230 DENVER ST. NE
CITY - ST - ZIP ST. PETERSBURG FL 33703

☐ DELETE

TITLE D
NAME PEROZZI, BERT
STREET ADDRESS 935 LIVE OAK TERRACE NE
CITY - ST - ZIP ST. PETERSBURG FL

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

D/T

1.2 NAME

Kevin Tatreau

1.3 STREET ADDRESS

1710 Georgia Ave. NE

1.4 CITY - ST - ZIP

St. Petersburg, FL 33703

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☒ Addition

☐ Change ☐ Addition

☐ Change ☒ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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)(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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0012368

CR2E037 (3/96)