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Feb 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

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

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☑ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

OLSON, FREDERICK
2090 KANSAS AVENUE NE
SUITE 405
ST. PETERSBURG FL 33704

10. Name and Address of New Registered Agent

81 Name: John Bussey
82 Street Address (P.O. Box Number Is Not Acceptable): 1625 N. Dakota 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: John Bussey — 1/21/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DT	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	COCH, DARLENE		1.2 NAME		
STREET ADDRESS	1958 MASSACHUSETTS AVE NE		1.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HARTNEY, JALEEN		2.2 NAME		
STREET ADDRESS	642 - 36TH AVE. N		2.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL 33704		2.4 CITY-ST-ZIP		
TITLE	DS	☐ DELETE	3.1 TITLE	D	☑ Change ☐ Addition
NAME	HILL, LISA		3.2 NAME		
STREET ADDRESS	3948-14 WAY NE		3.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL		3.4 CITY-ST-ZIP		
TITLE	CD	☑ DELETE	4.1 TITLE	CD	☐ Change ☑ Addition
NAME	JOFFE, DAVID		4.2 NAME	Kapusta, Robert	
STREET ADDRESS	107 - 11TH AVE. N		4.3 STREET ADDRESS	1410 - 45 Ave N.	
CITY-ST-ZIP	ST. PETERSBURG FL		4.4 CITY-ST-ZIP	St. Petersburg, FL 33703	
TITLE	D	☑ DELETE	5.1 TITLE	D	☐ Change ☑ Addition
NAME	MORRIS, JUNE		5.2 NAME	Celeste Stroud	
STREET ADDRESS	5230 DENVERR ST. NE		5.3 STREET ADDRESS	322 Fan Palm Ct. NE	
CITY-ST-ZIP	ST. PETERSBURG FL 33703		5.4 CITY-ST-ZIP	St. Petersburg, FL 33703	
TITLE	D	☑ DELETE	6.1 TITLE	DS	☐ Change ☑ Addition
NAME	PEROZZI, BERT		6.2 NAME	James Fama	
STREET ADDRESS	935 LIVE OAK TERRACE NE		6.3 STREET ADDRESS	1569 Eden Isle Blvd NE	
CITY-ST-ZIP	ST. PETERSBURG FL		6.4 CITY-ST-ZIP	St. Petersburg, FL 33704	

14. I hereby certify that the information supplied with this filing 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: [illegible] 1/21/98 522-8334

CR2E037 (10/97)