FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 17, 1999 8:00 am
Secretary of State
05-17-1999 90014 048 ****61.25

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1. Corporation Name

LUTHERAN CHURCH OF THE CROSS DAY SCHOOL, INC.

Principal Place of Business	Mailing Address
4400 Chancellor St. N.E. St. Petersburg, FL 33703	4400 Chancellor St. N.E. St. Petersburg, FL 33703

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 8/29/94
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3295611 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

Bussey, John
1625 North Dakota Ave. N.E.
St. Petersburg, FL 33703

10. Name and Address of New Registered Agent

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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C/D Robert Kapusta, Jr. 4400 Chancellor St. N.E. St. Petersburg, FL 33703	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D Anna Marie Ray 4400 Chancellor St. N.E. St. Petersburg, FL 33703	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VC/D Celeste Stroud 4400 Chancellor St. N.E. St. Petersburg, FL 33703	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D Kevin Mooren 4400 Chancellor St. N.E. St. Petersburg, FL 33703	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/D Robin Perozzi 4400 Chancellor St. N.E. St. Petersburg, FL 33703	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	D Chris Marois 4400 Chancellor St. N.E. St. Petersburg, FL 33703	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Lisa Hood 4400 Chancellor St. N.E. St. Petersburg, FL 33703	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	DE Bonnie Saxman 4400 Chancellor St. N.E. St. Petersburg, FL 33703	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Karen Selby 4400 Chancellor St. N.E. St. Petersburg, FL 33703	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	D Lynn Piper 4400 Chancellor St. N.E. St. Petersburg, FL 33703	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Charlene Koch 4400 Chancellor St. N.E. St. Petersburg, FL 33703	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	D Eric Coffin 4400 Chancellor St. N.E. St. Petersburg, FL 33703	☐ Change ☐ Addition

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: Robert Kapusta, Jr. 5/11/99 727-822-2033
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Robert Kapusta, Jr. Chairperson