2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2004 8:00 am
Secretary of State
01-26-2004 90060 007 ****61.25

DOCUMENT # N94000004216

1. Entity Name
LUTHERAN CHURCH OF THE CROSS DAY SCHOOL, INC.

Principal Place of Business	Mailing Address
4400 CHANCELLOR ST NE ST. PETERSBURG, FL 33703 US	4400 CHANCELLOR ST NE ST. PETERSBURG, FL 33703 US

01162004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-3295611 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CARLSON, HOLLY C 588 TALLAHASSEE DR. NE SAINT PETERSBURG, FL 33702	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KAPUSTA, ROBERT JR 4400 CHANCELLOR ST NE ST PETERSBURG, FL 33703	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Kilgroe, Carrie 4400 Chancellor St NE St. Petersburg, Fl 33703	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T STEINMETZ, KAREN 4400 CHANCELLOR ST NE ST PETERSBURG, FL 33703	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Russell, Todd 4400 Chancellor St. NE St. Petersburg, Fl 33703	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD SILK, ROBERT 1988 ILLINOIS AVENUE NE SAINT PETERSBURG, FL 33703	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCD WILKENS, DEANN 1931 KANSAS AVENUE NE SAINT PETERSBURG, FL 33703	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CARMICHAEL, LORI 4400 CHANCELLOR ST NE ST. PETERSBURG, FL 33703	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KOCH, CHARLENE 4400 CHANCELLOR ST NE ST. PETERSBURG, FL 33703	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert A Silk ROBERT A SILK 20JAN04 813-828-0422
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #