2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006
Secretary of State

DOCUMENT# N94000004216

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

Current Principal Place of Business:

4400 CHANCELLOR ST NE
ST. PETERSBURG, FL 33703 US

New Principal Place of Business:

Current Mailing Address:

4400 CHANCELLOR ST NE
ST. PETERSBURG, FL 33703 US

New Mailing Address:

FEI Number: 59-3295611 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CARLSON, HOLLY C
588 TALLAHASSEE DR. NE
SAINT PETERSBURG, FL 33702 US

Name and Address of New Registered Agent:

CARLSON, HOLLY C
4400 CHANCELLOR STREET N. E.
SAINT PETERSBURG, FL 33702 US

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.

SIGNATURE: _____ 01/17/2006
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: KILGROE, CARRIE
Address: 4400 CHANCELLOR ST NE
City-St-Zip: ST PETERSBURG, FL 33703

Title: T ( ) Delete
Name: STEINMETZ, KAREN
Address: 4400 CHANCELLOR ST NE
City-St-Zip: ST PETERSBURG, FL 33703

Title: C ( ) Delete
Name: KAPUSTA, ROBERT
Address: 4400 CHANCELLOR ST. N.E.
City-St-Zip: SAINT PETERSBURG, FL 33703

Title: D ( ) Delete
Name: TOWZEY, PHYLLIS
Address: 4400 CHANCELLOR ST. N. E.
City-St-Zip: SAINT PETERSBURG, FL 33703

Title: D ( ) Delete
Name: CHRIS, PELLETIER
Address: 4400 CHANCELLOR ST NE
City-St-Zip: ST. PETERSBURG, FL 33703

Title: D ( ) Delete
Name: RUSSELL, TODD
Address: 4400 CHANCELLOR ST NE
City-St-Zip: ST. PETERSBURG, FL 33703

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT KAPUSTA C 01/17/2006
Electronic Signature of Signing Officer or Director — Date