

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

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

**Current Mailing Address:**

4400 CHANCELLOR ST NE  
ST. PETERSBURG, FL 33703 US

**FEI Number: 59-3295611**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CARLSON, HOLLY C  
4400 CHANCELLOR STREET N. E.  
SAINT PETERSBURG, FL 33703 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title C  
Name GREENE, TOM  
Address 4400 CHANCELLOR ST NE  
City-State-Zip: ST. PETERSBURG FL 33703

Title D  
Name HOLOCEK, RUSS  
Address 4400 CHANCELLOR ST. N.E.  
City-State-Zip: SAINT PETERSBURG FL 33703

Title D  
Name HEBERT, JAY  
Address 4400 CHANCELLOR ST NE  
City-State-Zip: ST. PETERSBURG FL 33703

Title D  
Name KAPUSTA, ROBERT  
Address 4400 CHANCELLOR ST NE  
City-State-Zip: ST PETERSBURG FL 33703

Title D  
Name ROBERTS, RICHARD  
Address 4400 CHANCELLOR ST. N. E.  
City-State-Zip: SAINT PETERSBURG FL 33703

Title T  
Name STEINMETZ, KAREN  
Address 4400 CHANCELLOR ST NE  
City-State-Zip: ST. PETERSBURG FL 33703

*I hereby 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 all other like empowered.*

**SIGNATURE: ROBERT KAPUSTA, JR**

**D**

**03/24/2015**

Electronic Signature of Signing Officer/Director Detail

Date