

2020 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 D, TREASURER
Name KAPUSTA, JR., ROBERT
Address 4400 CHANCELLOR ST NE
City-State-Zip: ST PETERSBURG FL 33703

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

Title S, D
Name FRANZEE, MATHEW
Address 4400 CHANCELLOR ST NE
City-State-Zip: ST. PETERSBURG FL 33703

Title C & D
Name BELL, AMY
Address 4400 CHANCELLOR ST NE
City-State-Zip: ST. PETERSBURG FL 33703

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

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

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

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

Continues on page 2

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.

TREASURER

02/21/2020

Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title VC & D
Name CUBLER, BRIAN
Address 4400 CHANCELLOR ST NE
City-State-Zip: ST. PETERSBURG FL 33703

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

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

Title D
Name HAMILTON, III, JOHN M
Address 4400 CHANCELLOR ST NE
City-State-Zip: ST. PETERSBURG FL 33703

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