2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2004 8:00 am
Secretary of State
02-19-2004 90022 031 ****70.00

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1. Entity Name
LUSTER-ALL PASTORAL CARE AND CULTURAL CENTER, INC.

94017870

Principal Place of Business	Mailing Address
5726 DEER TRACKS TRAIL LAKELAND, FL 33811	5726 DEER TRACKS TRAIL LAKELAND, FL 33811

01272004 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 59-2254503 ☐ 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
LESTER, HARVEY J 5726 DEER TRACK TRAIL LAKELAND, FL 33811	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	PD LESTER, HARVEY J 5726 DEER TRACKS TRAIL LAKELAND, FL 33811	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Chairman, Bd of Directors R. Keith B. Cross, Sr 1503 Kaylor Ct. Winter Haven, FL 33881	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD LUSTER, CHARLES 1853 E MAIN ST LAKELAND, FL 33811	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Dr Jorge Dorta-Duque 1750 Crump Rd. Winter Haven, FL 33881	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD BRADSHAW, J. FAYE 1528 ROBIN HOOD'S TRAIL LAKELAND, FL 33809	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Diensen L. Berto 1971 13th St, NW Winter Haven, FL 33881	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FURLOW, DORIS 510 ORANGE AVENUE, SOUTH BARTOW, FL 33830	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Clifford Holloway 617 Pandurosa Dr, E Lakeland, FL 33810	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BRUTUS, JULIO 2401 34TH STREET, NW WINTER HAVEN, FL 33881	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director James F. Scott 711 W Eleventh St Lakeland, FL 33805	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LESTER, HARVEY J 5726 DEER TRACKS TRAIL LAKELAND, FL 33811	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Jean T. Francois 1413 NW 26th St. Winter Haven FL 33881	☐ 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: _____ 2/3/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #