

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90386 049 ****70.00

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DOCUMENT # N96000003613 1. Entity Name LUSTER-ALL PASTORAL CARE AND CULTURAL CENTER, INC.					
Principal Place of Business 5726 DEER TRACKS TRAIL LAKELAND, FL 33811				Mailing Address 5726 DEER TRACKS TRAIL LAKELAND, FL 33811	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		04262005 Chg-NP CR2E037 (10/03)	
City & State		City & State		4. FEI Number 58-2254503	
Zip		Country		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LESTER, HARVEY J 5726 DEER TRACK TRAIL LAKELAND, FL 33811				7. Name and Address of New Registered Agent 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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting) DATE					
Filing Fee is \$61.25 Due by May 1, 2005		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	COB CROSS, KEITH R 1503 KAYLOR CT. WINTER HAVEN, FL 33881	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dorta-Duque, Jorge 1750 Crump Rd. 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	Francois, Jean T. 1413 NW 26th St Winter Haven, FL 33881	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERTO, DIENSEN L 1971 13TH ST., NW WINTER HAVEN, FL 33881	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D McKinney, Jr., Needham 10115 Spring Tree Court Tampa, FL 33615	☐ 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	D Scott, James F. 711 W. Eleventh St. Lakeland, FL 33805	☐ 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	D Holloway, Clifford 617 Ponderosa Drive, E. Lakeland, FL 33810	☐ 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	☐ 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: <u>Harvey J. Lester</u>				Date: <u>4/26/05</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #: <u>863 533-2359</u>	