2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Nov 21, 2006
Secretary of State

DOCUMENT# N96000003613

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

Current Principal Place of Business:

5726 DEER TRACKS TRAIL
LAKELAND, FL 33811

New Principal Place of Business:

Current Mailing Address:

5726 DEER TRACKS TRAIL
LAKELAND, FL 33811

New Mailing Address:

FEI Number: 58-2254503 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LESTER, HARVEY J
5726 DEER TRACK TRAIL
LAKELAND, FL 33811 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: COB ( ) Delete
Name: CROSS, KEITH R
Address: 1503 KAYLOR CT.
City-St-Zip: WINTER HAVEN, FL 33881

Title: D ( ) Delete
Name: BENJAMIN, LEERONE
Address: 14012 BRIARDALE LANE
City-St-Zip: TAMPA, FL 33618

Title: D ( ) Delete
Name: WILLIAMS, JOSEPH M
Address: 1701 JAMES L REDMAN PARKWAY
City-St-Zip: PLANT CITY, FL 33563

Title: D ( ) Delete
Name: THIGPEN, KATHY
Address: 6510 DORCHESTER RD
City-St-Zip: LAKELAND, FL 33809

Title: D ( ) Delete
Name: MOORE, LAWRENCE W
Address: 3383 TURNBERRY LANE
City-St-Zip: LAKELAND, FL 33803 US

Title: P ( ) Delete
Name: LESTER, HARVEY J
Address: 5726 DEER TRACKS TRAIL
City-St-Zip: LAKELAND, FL 33811 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: COB (X) Change ( ) Addition
Name: WILSON, SADALIA
Address: PO BOX 1292
City-St-Zip: HAINES CITY, FL 33845

Title: D (X) Change ( ) Addition
Name: WILLIAMS, JOSEPH
Address: 1701 JAMES L REDMAN PKY
City-St-Zip: PLANT CITY, FL 33563

Title: D (X) Change ( ) Addition
Name: DOUGHTY, KIMBERLEY
Address: 2135 MARSHAL EDWARDS DR.
City-St-Zip: BARTOW, FL 33830

Title: D (X) Change ( ) Addition
Name: KELLEY, CHERI
Address: 865 LUSK PLACE
City-St-Zip: BARTOW, FL 33830

Title: D (X) Change ( ) Addition
Name: REIBLING, SYBIL
Address: 1290 GOLFVIEW AVE
City-St-Zip: BARTOW, FL 33830 US

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: CHAVANDA C. BUSH EA 11/21/2006

Electronic Signature of Signing Officer or Director — Date