

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90233 009 ****70.00

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1. Entity Name

LUSTER-ALL PASTORAL CARE AND CULTURAL CENTER, IN C.



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **58-2254503**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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 **PD** ☐ Delete
NAME **LESTER, HARVEY J**
STREET ADDRESS **5726 DEER TRACKS TRAIL**
CITY-ST-ZIP **LAKELAND FL 33811**

TITLE **D** ☐ Change ☒ Addition
NAME **Jorge J. Danta-Duque**
STREET ADDRESS **1750 Crump Rd.**
CITY-ST-ZIP **Winter Haven, FL 33881**

TITLE **VD** ☐ Delete
NAME **LUSTER, CHARLES**
STREET ADDRESS **1853 E MAIN ST**
CITY-ST-ZIP **LAKELAND FL 33811**

TITLE **D** ☐ Change ☒ Addition
NAME **Clifford Holloway**
STREET ADDRESS **617 Ponderosa Dr., E.**
CITY-ST-ZIP **Lakeland, FL 33805**

TITLE **STD** ☐ Delete
NAME **BRADSHAW, J. FAYE**
STREET ADDRESS **1528 ROBIN HOOD'S TRAIL**
CITY-ST-ZIP **LAKELAND FL 33809**

TITLE **D** ☐ Change ☒ Addition
NAME **Needham McKinney, Jr.**
STREET ADDRESS **10115 S. Springtree Ch**
CITY-ST-ZIP **Tampa, FL 33615**

TITLE **D** ☐ Delete
NAME **FURLOW, DORIS**
STREET ADDRESS **510 ORANGE AVENUE, SOUTH**
CITY-ST-ZIP **BARTOW FL 33830**

TITLE **D** ☐ Change ☒ Addition
NAME **Jack Miller**
STREET ADDRESS **820 Oaklawn Dr.**
CITY-ST-ZIP **Bartow, FL 33830**

TITLE **D** ☐ Delete
NAME **BRUTUS, JULIO**
STREET ADDRESS **2401 34TH STREET, NW**
CITY-ST-ZIP **WINTER HAVEN FL 33881**

TITLE **D** ☐ Change ☒ Addition
NAME **Frank Okroy**
STREET ADDRESS **2314 Duff Rd.**
CITY-ST-ZIP **Lakeland, FL 33810**

TITLE **D** ☐ Delete
NAME **CROSS, KEITH**
STREET ADDRESS **450 WEST MAIN STREET**
CITY-ST-ZIP **BARTOW FL 33830**

TITLE **P** ☒ Change ☐ Addition
NAME **Harvey J. Lester**
STREET ADDRESS **5726 Deer Tracks Trl**
CITY-ST-ZIP **Lakeland, FL 33811**

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 **J. Faye Bradshaw** **2/7/03** **863-533-2359**

CR2E037 (10/02)