

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000006920

Entity Name: RESTORATION LIFE CENTER, INC.**Current Principal Place of Business:**606 N. INGRAHAM AVE.
LAKELAND, FL 33801**Current Mailing Address:**P.O. BOX 3864
LAKELAND, FL 33803 US**FEI Number: 75-3192633****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LASTER, CYENTRIA L
1111 N LAKE PARKER AVE
LAKELAND, FL 33805 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	P
Name	LASTER, YOUNG SR.
Address	1206 EDGEWATER DR.
City-State-Zip:	LAKELAND FL 33805

Title	VP.
Name	LASTER, CYENTRIA LSR.
Address	1206 EDGEWATER DR.
City-State-Zip:	LAKELAND FL 33805

Title	DIR.
Name	LASTER, YOUNG JR
Address	1104 BARTOW RD. APT. 173
City-State-Zip:	LAKELAND FL 33801

Title	DIR.
Name	KINSLER, SHIVELLA A
Address	1410 MAGLIANO DR.
City-State-Zip:	BOYNTON BEACH FL 33436

Title	DIRECTOR
Name	LASTER, PHELISHA SHANITHÄ
Address	1104 BARTOW RD. APT. 173
City-State-Zip:	LAKELAND FL 33801

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: YOUNG LASTER JR**DIR****04/30/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date