

# **2014 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N10000010303

**FILED**  
**Sep 09, 2014**  
**Secretary of State**

**Entity Name:** LASTER'S TABERNACLE INC.

**Current Principal Place of Business:**

3457 HICKORY STREET  
ZOLFO SPRINGS, FL 33890 US

**New Principal Place of Business:**

**Current Mailing Address:**

P. BOX 11395  
TAMPA, FL 33680 US

**New Mailing Address:**

**FEI Number:** 27-3835762

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LASTER, JESSIE L SR,  
30914 SONNET GLEN DR.  
WESLEY CHAPEL, FL 33543 US

**Name and Address of New Registered Agent:**

RICHARDSON, EARNESTINE L  
2343 LAKE WOODBERRY CIRCLE  
BRANDON, FL 33510 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: EARNESTINE RICHARDSON

09/09/2014

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: RICHARDSON, EARNESTINE L  
Address: P O BOX 11395  
City-St-Zip: TAMPA, FL 33680 US

Title: VICE  
Name: RIVERS, DOROTHY J  
Address: P O BOX 11395  
City-St-Zip: TAMPA, FL 33860 US

Title: DIRE  
Name: JONES, LILLIE M  
Address: P O BOX 11395  
City-St-Zip: TAMPA, FL 33680 US

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: EARNESTINE RIICHSRDSON

PRES

09/09/2014

Electronic Signature of Signing Officer or Director

Date