2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000003613

FILED Jan 10, 2010 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

320 S. 8TH AVE. BARTOW, FL 33830

Current Mailing Address: New Mailing Address:

P.O. BOX 1203 BARTOW, FL 33831

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

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

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

OFFICERS AND DIRECTORS:

Title: COB

Name: STREET, FRANKLIN JR.
Address: 7738 CANTERBURY CIRCLE
City-St-Zip: LAKELAND, FL 33810

Title:

Name: WILLIAMS, JOSEPH
Address: 1701 JAMES L REDMAN PKY
City-St-Zip: PLANT CITY, FL 33563

Title:

Name: DOUGHTY, KIMBERLEY
Address: 2135 MARSHAL EDWARDS DR.

City-St-Zip: BARTOW, FL 33830

Title: D

Name: KELLEY, CHERI
Address: 865 LUSK PLACE
City-St-Zip: BARTOW, FL 33830

Title:

Name: REIBLING, SYBIL
Address: 1290 GOLFVIEW AVE
City-St-Zip: BARTOW, FL 33830 US

Title: F

 Name:
 LESTER, HARVEY J

 Address:
 5726 DEER TRACKS TRAIL

 City-St-Zip:
 LAKELAND, FL 33811 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: HARVEY J. LESTER CEO 01/10/2010