

2010 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Apr 29, 2010
Secretary of State

DOCUMENT# N96000003613

Entity Name: LUSTER-ALL PASTORAL CARE AND CULTURAL CENTER, INC.**Current Principal Place of Business:**320 S. 8TH AVE.
BARTOW, FL 33830**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 1203
BARTOW, FL 33831**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: VCOB
Name: STREET, FRANKLIN JR.
Address: 7738 CANTERBURY CIRCLE
City-St-Zip: LAKELAND, FL 33810

Title: COB
Name: LESTER, CHARLES
Address: 320 S. 8TH STREET
City-St-Zip: BARTOW, FL 33830

Title: ESRP
Name: COLMON, AVON L PHD
Address: 3353 GRENVILLE DRIVE.
City-St-Zip: WINTER HAVEN, FL 33884

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

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

Title: SR.P
Name: LESTER, HARVEY J PHD
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: DR. AVON L. COLMON

ESRP

04/29/2010

Electronic Signature of Signing Officer or Director

Date