

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N28382 (2)

1. Corporation Name
THE LORD'S TEMPLE CITY OF REFUGE, INC.



Principal Place of Business Mailing Address
**% THOMAS CAVE III
140 GILMORE ST BOX 1213
HASTINGS FL 32145**

3. Date Incorporated or Qualified **09/16/1988** 3a. Date of Last Report **03/23/1995**

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number 59-2878692	Applied For	
	Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent

**CAVE, THOMAS III
115 CHASE ST
HASTINGS FL 32145**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	11 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHESNUT, RANDALL	12 NAME	CAVE, GENEVA
STREET ADDRESS	POB 472,300 E CARTER ST	13 STREET ADDRESS	POB 225 / 200 CARTER ST.
CITY - ST - ZIP	HASTINGS FL	14 CITY - ST - ZIP	HASTINGS, FL 23145
TITLE	D <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOYD, LESLIE J.	22 NAME	
STREET ADDRESS	POB 171,117 FED PT RD	23 STREET ADDRESS	
CITY - ST - ZIP	HASTINGS FL	24 CITY - ST - ZIP	
TITLE	P <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAVE, THOMAS III	32 NAME	
STREET ADDRESS	POB 542,115 FED PT RD	33 STREET ADDRESS	
CITY - ST - ZIP	HASTINGS FL	34 CITY - ST - ZIP	
TITLE	VST <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAVE, PHYLLIS L.	42 NAME	
STREET ADDRESS	POB 542,115 FED PT RD	43 STREET ADDRESS	
CITY - ST - ZIP	HASTINGS FL	44 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDREWS, WENDELL L	52 NAME	
STREET ADDRESS	200 CHASE ST	53 STREET ADDRESS	
CITY - ST - ZIP	HASTINGS FL	54 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, GLEN	62 NAME	
STREET ADDRESS	PO BOX 441/151 WOODS RD	63 STREET ADDRESS	
CITY - ST - ZIP	SAN MATEO FL	64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Thomas Cave, III* **Thomas Cave, III** **1/26/96** **904-692-2756**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)