


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Apr 24 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morthem</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N28382 (2)**  
 1. Corporation Name  
**THE LORD'S TEMPLE CITY OF REFUGE, INC.**



Principal Place of Business <b>% THOMAS CAVE III 140 GILMORE ST BOX 1213 HASTINGS FL 32145</b>	Mailing Address <b>% THOMAS CAVE III 140 GILMORE ST BOX 1213 HASTINGS FL 32145</b>
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3. Date Incorporated or Qualified <b>09/16/1988</b>	
4. FEI Number <b>59-2878692</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent	
<b>CAVE, THOMAS III 115 CHASE ST HASTINGS FL 32145</b>	

10. Name and Address of New Registered Agent	
81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	<b>FL</b>
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHESNUT, RANDALL</b>	1.2 NAME	
STREET ADDRESS	<b>POB 472,300 E CARTER ST</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HASTINGS FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BOYD, LESLIE J.</b>	2.2 NAME	
STREET ADDRESS	<b>POB 171,117 FED PT RD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HASTINGS FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CAVE, THOMAS III</b>	3.2 NAME	
STREET ADDRESS	<b>POB 542,115 FED PT RD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HASTINGS FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>VST</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CAVE, PHYLLIS L.</b>	4.2 NAME	
STREET ADDRESS	<b>POB 542,115 FED PT RD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HASTINGS FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ANDREWS, WENDELL L</b>	5.2 NAME	<b>D</b>
STREET ADDRESS	<b>200 CHASE ST</b>	5.3 STREET ADDRESS	<b>ANDREWS, WENDELL L</b>
CITY-ST-ZIP	<b>HASTINGS FL</b>	5.4 CITY-ST-ZIP	<b>130 MOORE ST. ST.AUGUSTINE, FL.</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOHNSON, GLEN</b>	6.2 NAME	
STREET ADDRESS	<b>PO BOX 441/151 WOODS RD</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SAN MATEO FL</b>	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 **3/22/98** **904-692-2756**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0000070

CR2E037 (10/97)