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**FILED**  
**Mar 16, 1999 8:00 am**  
**Secretary of State**

03-16-1999 90094 023 \*\*\*\*61.25

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NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N28382**

1. Corporation Name

**THE LORD'S TEMPLE CITY OF REFUGE, INC.**

Principal Place of Business

% THOMAS CAVE III  
 140 GILMORE ST BOX 1213  
 HASTINGS FL 32145

Mailing Address

% THOMAS CAVE III  
 140 GILMORE ST BOX 1213  
 HASTINGS FL 32145



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

27 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified

09/16/1988

4. FEI Number

59-2878692

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Election Campaign Financing

Trust Fund Contribution

**\$5.00** May Be Added to Fees

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

TITLE **D**  DELETE

NAME **CHESNUT, RANDALL**  
 STREET ADDRESS **POB 472,300 E CARTER ST**  
 CITY-ST-ZIP **HASTINGS FL**

TITLE **D**  DELETE

NAME **BOYD, LESLIE J.**  
 STREET ADDRESS **POB 171,117 FED PT RD**  
 CITY-ST-ZIP **HASTINGS FL**

TITLE **P**  DELETE

NAME **CAVE, THOMAS III**  
 STREET ADDRESS **POB 542,115 FED PT RD**  
 CITY-ST-ZIP **HASTINGS FL**

TITLE **VST**  DELETE

NAME **CAVE, PHYLLIS L.**  
 STREET ADDRESS **POB 542,115 FED PT RD**  
 CITY-ST-ZIP **HASTINGS FL**

TITLE **D**  DELETE

NAME **ANDREWS, WENDELL L**  
 STREET ADDRESS **130 MOORE ST**  
 CITY-ST-ZIP **ST AUGUSTINE FL**

TITLE **D**  DELETE

NAME **JOHNSON, GLEN**  
 STREET ADDRESS **PO BOX 441/151 WOODS RD**  
 CITY-ST-ZIP **SAN MATEO FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D**  Change  Addition

1.2 NAME **PORTER, GLENDER**  
 1.3 STREET ADDRESS **HASTINGS, FL 32145**  
 1.4 CITY-ST-ZIP **202 West Holtz St.**

2.1 TITLE  Change  Addition

2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition

3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition

4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition

5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition

6.2 NAME  
 6.3 STREET ADDRESS  
 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, with all other like empowered.

SIGNATURE:

*Thomas Cave, III*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-99  
 Date

904-692-2756  
 Daytime Phone #

CR2E037 (1/198)