

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2000 8:00 am
Secretary of State

04-29-2000 90001 026 ****61.25

DOCUMENT # N28382

1. Entity 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

% THOMAS CAVE III
 140 GILMORE ST BOX 1213
 HASTINGS FL 32145-3712

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2878692

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CAVE, THOMAS III
115 CHASE ST
HASTINGS FL 32145

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEES IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE Change Addition
 NAME **D PORTER, GLENER**
 STREET ADDRESS **202 west Holtz St.**
 CITY-ST-ZIP **Hastings, FL. 32145**

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Thomas Cave, III* **Thomas Cave, III**

4-20-00

904-692-2756

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)