

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 23, 2002 8:00 am**  
**Secretary of State**

04-23-2002 90396 017 \*\*\*\*61.25

**DOCUMENT # N28382**

1. Entity Name

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

Principal Place of Business

Mailing Address

**140 GILMORE STREET  
 HASTINGS FL 32145**

**P. O. BOX 1213  
 HASTINGS FL 32145**



DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CAVE, THOMAS III  
 115 CHASE STREET  
 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: FEE 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	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>CAVE, THOMAS III</b>	
STREET ADDRESS	<b>115 CHASE STREET</b>	
CITY-ST-ZIP	<b>HASTINGS FL 32145</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> Delete
NAME	<b>CAVE, PHYLLIS L</b>	
STREET ADDRESS	<b>115 CHASE STREET</b>	
CITY-ST-ZIP	<b>HASTINGS FL 32145</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>CHESTNUT, RANDALL</b>	
STREET ADDRESS	<b>P. O. BOX 472</b>	
CITY-ST-ZIP	<b>HASTINGS FL 32145</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BOYD, LESLIE</b>	
STREET ADDRESS	<b>P. O. BOX 171</b>	
CITY-ST-ZIP	<b>HASTINGS FL 32145</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PORTER, GLENDER</b>	
STREET ADDRESS	<b>202 WEST HOLTZ ST.</b>	
CITY-ST-ZIP	<b>HASTINGS FL 32145</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>JOHNSON, GLEN</b>	
STREET ADDRESS	<b>PO BOX 441/151 WOODS RD</b>	
CITY-ST-ZIP	<b>SAN MATEO FL</b>	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E037 (9/01)

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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Thomas Cave, III** 4/8/02

Date

904-692-2756

Daytime Phone #