


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90021 046 ****61.25

DOCUMENT # N28382 1. Entity Name THE LORD'S TEMPLE CITY OF REFUGE, INC.					
Principal Place of Business 140 GILMORE STREET HASTINGS, FL 32145			Mailing Address P. O. BOX 1213 HASTINGS, FL 32145		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2878692	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CAVE, THOMAS III		NAME		
STREET ADDRESS	115 CHASE STREET		STREET ADDRESS		
CITY-ST-ZIP	HASTINGS, FL 32145		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CAVE, PHYLLIS L		NAME		
STREET ADDRESS	115 CHASE STREET		STREET ADDRESS		
CITY-ST-ZIP	HASTINGS, FL 32145		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHESTNUT, RANDALL		NAME		
STREET ADDRESS	P. O. BOX 472		STREET ADDRESS		
CITY-ST-ZIP	HASTINGS, FL 32145		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOYD, LESLIE		NAME		
STREET ADDRESS	P. O. BOX 171		STREET ADDRESS		
CITY-ST-ZIP	HASTINGS, FL 32145		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PORTER, GLENDER		NAME		
STREET ADDRESS	202 WEST HOLTZ ST.		STREET ADDRESS		
CITY-ST-ZIP	HASTINGS, FL 32145		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JOHNSON, GLEN		NAME		
STREET ADDRESS	PO BOX 441/151 WOODS RD		STREET ADDRESS		
CITY-ST-ZIP	SAN MATEO, FL		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: <i>Thomas Cave, III</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			1/10/04-904692-2756 Date Daytime Phone #		