


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2007 08:00 AM
Secretary of State

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
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01032007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2878692	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CAVE, THOMAS III
 115 CHASE STREET
 HASTINGS, FL 32145

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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 _____ U00000581538
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 01/10/07-80094-006 61.25

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAVE, THOMAS III 115 CHASE STREET HASTINGS, FL 32145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CAVE, PHYLLIS L 115 CHASE STREET HASTINGS, FL 32145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOYD, LESLIE P. O. BOX 171 HASTINGS, FL 32145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PORTER, GLENDER 202 WEST HOLTZ ST. HASTINGS, FL 32145
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, GLEN PO BOX 441/151 WOODS RD SAN MATEO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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** 1/3/07 904-692-2756
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #