

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N28382

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

**Current Principal Place of Business:**

140 GILMORE STREET  
HASTINGS, FL 32145

**Current Mailing Address:**

P. O. BOX 1213  
HASTINGS, FL 32145

**FEI Number: 59-2878692**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CAVE, THOMAS III  
115 CHASE STREET  
HASTINGS, FL 32145 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name CAVE, THOMAS III  
Address 115 CHASE STREET  
City-State-Zip: HASTINGS FL 32145

Title VPD  
Name CAVE, PHYLLIS L  
Address 115 CHASE STREET  
City-State-Zip: HASTINGS FL 32145

Title D  
Name BOYD, LESLIE  
Address 8837 WEST CHURCH ST.  
City-State-Zip: HASTINGS FL 32145

Title D  
Name PORTER, GLENDER  
Address 202 WEST HOLTZ ST.  
City-State-Zip: HASTINGS FL 32145

Title D  
Name COLEMAN, ANTHONY  
Address 208 WEST VIVIAN DR.  
City-State-Zip: HASTINGS FL 32145

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: THOMAS CAVE, III**

**PD**

**01/31/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date