

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2007 08:00 A
Secretary of State

DOCUMENT # N08885

1. Entity Name
**GREATER REFUGE TEMPLE CHURCH OF OUR LORD,
INC.**



Principal Place of Business
**1317 ROWE AVENUE
JACKSONVILLE, FL 32208**

Mailing Address
**1317 ROWE AVENUE
JACKSONVILLE, FL 32208**



04022007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3212959

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**GROOVER, GENTLE L
1317 ROWE AVENUE
JACKSONVILLE, FL 32208**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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	P GROOVER, GENTLE LEE 222 WEST 6TH STREET JACKSONVILLE, FL 32206
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GROOVER, KENNETH 935 CHAPMAN DR JACKSONVILLE, FL 32221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRANT, NELSON JR 6642 MANHATTAN DRIVE JACKSONVILLE, FL 32219
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GROOVER, TIMOTHY M.D. 222 W 6TH ST JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE, CHARLIE 953 ONTARIO STREET JACKSONVILLE, FL 32244
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AUSTIN, EDWARD 8022 RENAULT DRIVE SOUTH JACKSONVILLE, FL

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04/20/07-80138-005 61.25

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IN THIS SPACE**

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:

Kenneth Groover

Kenneth Groover

4/9/07 (904) 768-4009

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #