


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
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	
DO NOT WRITE IN THIS SPACE		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 8642 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	
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: <u>Kenneth Groover</u> KENNETH GROOVER 4/24/08 904-768-4009 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



04182008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3212959	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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05/21/08-80117-014 61.25

**DO NOT WRITE
IN THIS SPACE**