

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Mar 30, 2005 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**



03272005 No Chg-NP CR2E037 (10/03)

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

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

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

**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, 2005**

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	

U00000280836  
03/30/05-80035-014 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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* **Thomas Cave, III**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/27/05* **3/27/05** *904-347-4112* **904-347-4112**

Date Daytime Phone #