2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2006 08:00 AM
Secretary of State

DOCUMENT # N28382

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

Principal Place of Business	Mailing Address
140 GILMORE STREET HASTINGS, FL 32145	P. O. BOX 1213 HASTINGS, FL 32145

03022006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2878692
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$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 _____
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, 2006

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

10. OFFICERS AND DIRECTORS

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

100000453716
03/08/06 00045-001 $61.25

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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 2/3/06 904-692-2756
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #