


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

**FILED**  
**Feb 06, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N28382</b> 1. Entity Name <b>THE LORD'S TEMPLE CITY OF REFUGE, INC.</b>	
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Principal Place of Business <b>140 GILMORE STREET HASTINGS, FL 32145</b>	Mailing Address <b>P. O. BOX 1213 HASTINGS, FL 32145</b>
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01282008 No Chg-NP CR2E037 (4/06)

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

6. Name and Address of Current Registered Agent  <b>CAVE, THOMAS III 115 CHASE STREET HASTINGS, FL 32145</b>
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**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, 2008**

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	

U00000817046  
02/14/08-80077-004 61.25

**DO NOT WRITE  
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:** Thomas Cave III **Thomas Cave III** 2/4/08 904-692-2756  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #