2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2009
Secretary of State

DOCUMENT# N28382

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

Current Principal Place of Business:

140 GILMORE STREET
HASTINGS, FL 32145

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 1213
HASTINGS, FL 32145

New Mailing Address:

FEI Number: 59-2878692 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	CAVE, THOMAS III	
Address:	115 CHASE STREET	
City-St-Zip:	HASTINGS, FL 32145	
Title:	VPD	( ) Delete
Name:	CAVE, PHYLLIS L	
Address:	115 CHASE STREET	
City-St-Zip:	HASTINGS, FL 32145	
Title:	D	( ) Delete
Name:	BOYD, LESLIE	
Address:	P. O. BOX 171	
City-St-Zip:	HASTINGS, FL 32145	
Title:	D	( ) Delete
Name:	PORTER, GLENDER	
Address:	202 WEST HOLTZ ST.	
City-St-Zip:	HASTINGS, FL 32145	
Title:	D	( ) Delete
Name:	JOHNSON, GLEN	
Address:	PO BOX 441/151 WOODS RD	
City-St-Zip:	SAN MATEO, FL	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS CAVE III PAST 01/29/2009
Electronic Signature of Signing Officer or Director — Date