

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2007 08:00 AM
Secretary of State

DOCUMENT # N05000010211

1. Entity Name

CATHEDRAL OF HIS GLORY, INC.



Principal Place of Business

2601 NORTH 53RD STREET
FORT PIERCE, FL 34946

Mailing Address

2601 NORTH 53RD STREET
FORT PIERCE, FL 34946



04102007 No Chg-NP

CR2E037 (4/08)

DO NOT WRITE IN THIS SPACE

4. FEI Number
75-3203168

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CONSTANTINO, ROBERT
2601 NORTH 53RD STREET
FORT PIERCE, FL 34946

**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 reappointing)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000707161
04/24/07-80063-013 61.25

10. OFFICERS AND DIRECTORS

TITLE

P

NAME

CONSTANTINO, ROBERT

STREET ADDRESS

2601 NORTH 53RD STREET

CITY-ST-ZIP

FORT PIERCE, FL 34946

TITLE

VP

NAME

CONSTANTINO, BRENDA

STREET ADDRESS

2601 NORTH 53RD STREET

CITY-ST-ZIP

FORT PIERCE, FL 34946

TITLE

S/T

NAME

SANTOS, MARINA

STREET ADDRESS

2050 OLENDER BLVD UNIT 9-107

CITY-ST-ZIP

FORT PIERCE, FL 34950

TITLE

SEC

NAME

INGRAM LEONARD, REBECCA

STREET ADDRESS

782 N.W. 42ND AVENUE, SUITE 330

CITY-ST-ZIP

MIAMI, FL 33126

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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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:

Robert Constantino
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/07

772-464-0918

Date

Daytime Phone #