

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91408 038 ****70.00

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DOCUMENT # N02000002911

1. Entity Name

COLUMNS OF THE TEMPLE INTERNATIONAL MINISTRY INC



Principal Place of Business

**4928 CASON COVE DR.
103
ORLANDO FL 32811**

Mailing Address

**4928 CASON COVE DR.
103
ORLANDO FL 32811**

20041113



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

01-0669 313

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**TORO, RUBEN D
7345 SAND LAKE RD.
204
ORLANDO FL 32819**

7. Name and Address of New Registered Agent

Name **CRISTINA RIVERA**

Street Address (P.O. Box Number is Not Acceptable)

1516 E. COLONIAL DR, 107

City **ORLANDO**

FL

Zip Code **32803**

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 **CRISTINA RIVERA**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

04/04/2003

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **CATTABRIGA, AUGUSTO JR.**
STREET ADDRESS **4928 CASON COVE DR. #103**
CITY-ST-ZIP **ORLANDO FL 32811**

TITLE **D** ☐ Delete
NAME **THEREZA, MARCIA M**
STREET ADDRESS **4928 CASON COVE DR. #201**
CITY-ST-ZIP **ORLANDO FL 32811**

TITLE **D** ☐ Delete
NAME **PINTO, CIRO**
STREET ADDRESS **3502 ROLLING WAY**
CITY-ST-ZIP **ORLANDO FL 32808**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **-**
STREET ADDRESS **-4928 CASON COVE DR. 103**
CITY-ST-ZIP **-ORLANDO FL 32811**

TITLE ☒ Change ☐ Addition
NAME **-**
STREET ADDRESS **1516 E. COLONIAL DR. 107**
CITY-ST-ZIP **ORLANDO FL 32803**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **CRISTINA RIVERA** **DEQUAUGUSTO CATTABRIGA JR. 04.30.2003**

CR2E037 (10/02)