


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

**FILED**  
**Apr 25, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N05000010211</b>	
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
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04222008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 75-3203168	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	P CONSTANTINO, ROBERT 2601 NORTH 53RD STREET FORT PIERCE, FL 34946
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP CONSTANTINO, BRENDA 2601 NORTH 53RD STREET FORT PIERCE, FL 34946
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S/T SANTOS, MARINA 2050 OLENDER BLVD UNIT 9-107 FORT PIERCE, FL 34950
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SEC INGRAM LEONARD, REBECCA 782 N.W. 42ND AVENUE, SUITE 330 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000923116  
 05/18/08-80018-019 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 either line empowered.

SIGNATURE:  **4/21/08** **772-461-0918**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #