

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 30, 1999 8:00 am**  
**Secretary of State**

04-30-1999 90195 010 \*\*\*\*70.00

**DOCUMENT # 742372**

1. Corporation Name

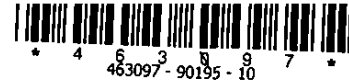
**COME FOLLOW ME COMMUNITY, INC.**

Principal Place of Business

7761 SW 185 ST  
MIAMI FL 33157  
US

Mailing Address

7761 SW 185 ST  
MIAMI FL 33157  
US



2. Principal Place of Business

21 17640 Old Cutler Rd

Suite, Apt. #, etc.

22 City & State

23 Miami, Florida

24 33157 25 Dade

2a. Mailing Address

26 17640 Old Cutler Rd.

Suite, Apt. #, etc.

27 City & State

28 Miami, Florida

29 33157 30 Dade

3. Date Incorporated or Qualified

04/10/1978

4. FEI Number

59-2347593

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

BLANK, CATHERINE, SR.  
7761 SW 185 ST  
MIAMI FL 33157

10. Name and Address of New Registered Agent

81 Name Blank, Catherine Sr.

82 Street Address (P.O. Box Number is Not Acceptable)  
17640 Old Cutler Rd.

83

84 City Miami

FL

85 Zip Code  
33157

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME BLANK, CATHERINE, SR.  
STREET ADDRESS 7761 SW 185 ST  
CITY-ST-ZIP MIAMI FL 33157

☐ DELETE

TITLE VSD  
NAME REGELE, MARICA(SISTER)  
STREET ADDRESS 7761 SW 185 ST  
CITY-ST-ZIP MIAMI FL 33157

☐ DELETE

TITLE TMD  
NAME THE REV. JOHN CAMPOLI  
STREET ADDRESS 7761 SW 185 ST  
CITY-ST-ZIP MIAMI FL 33157

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☒ Change ☐ Addition  
17640 Old Cutler Rd.  
Miami, FL 33157

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☒ Change ☐ Addition  
17640 Old Cutler Rd.  
Miami, FL 33157

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☒ Change ☐ Addition  
17640 Old Cutler Rd.  
Miami, FL 33157

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Signature of Katherine Harris*  
Katherine Harris, Secretary of State  
Date: 4/27/99 (305) 253-4996

CR2E037 (11/98)