

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 26, 2002 8:00 am**  
**Secretary of State**

03-26-2002 90049 002 \*\*\*\*70.00

**DOCUMENT # 742372**

1. Entity Name

**COME FOLLOW ME COMMUNITY, INC.**

Principal Place of Business

Mailing Address

**15111 SW 69 CT  
 MIAMI FL 33158  
 US**

**15111 SW 69 CT  
 MIAMI FL 33158  
 US**

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

**59-2347593**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BLANK, CATHERINE, SR.  
 15111 SW 69 CT  
 MIAMI FL 33158**

Name

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

City

**FL**

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	BLANK, CATHERINE, SR	
STREET ADDRESS	15111 SW 69 CT	
CITY-ST-ZIP	MIAMI FL 33158	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	REGELE, MARICA(SISTER)	
STREET ADDRESS	15111 SW 69 CT	
CITY-ST-ZIP	MIAMI FL 33158	
TITLE	TMD	<input type="checkbox"/> Delete
NAME	THE REV, JOHN CAMPOLI	
STREET ADDRESS	15111 SW 69 CT	
CITY-ST-ZIP	MIAMI FL 33158	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *St. Marcia Regale, Sr. Vice Pres* 2/15/02 (305) 253-4996  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)