
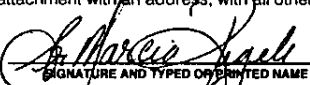


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90293 004 \*\*\*\*70.00

<b>DOCUMENT # 742372</b> 1. Entity Name COME FOLLOW ME COMMUNITY, INC.					
Principal Place of Business 19 WESTMOUNT LANE PALM COAST, FL 32164 US			Mailing Address 19 WESTMOUNT LANE PALM COAST, FL 32164 US		
2. Principal Place of Business 16345 Randolph Siding Rd. Suite, Apt. #, etc.		3. Mailing Address 16345 Randolph Siding Rd. Suite, Apt. #, etc.			
City & State Jupiter, Florida		City & State Jupiter, Florida		4. FEI Number 59-2347593	
Zip 33478		Country Palm Beach		5. Certificate of Status Desired <b>XX</b> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  BLANK, CATHERINE, SR. 19 WESTMOUNT LANE PALM COAST, FL 32164			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 16345 Randolph Siding Rd. City JUPITER FL Zip Code 33478		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BLANK, CATHERINE, SR. 19 WETMOUNT LANE PALM COAST, FL 32164 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 16345 Randolph Siding Rd. Jupiter, Florida 33478	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD REGELE, MARICA(SISTER) 19 WETMOUNT LANE PALM COAST, FL 32164 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 16345 Randolph Siding Rd. Jupiter, Florida 33478	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TMD THE REV, JOHN CAMPOLI 19 WETMOUNT LN PALM COAST, FL 32164 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 16345 Randolph Siding Rd. Jupiter, Florida 33478	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b>  /Sr. Marcia Regele/Vice-Pres/Sec. 4/5/05 561-746-0353 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					