

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 06, 2006 08:00 AM
Secretary of State

DOCUMENT # 742372

1. Entity Name
COME FOLLOW ME COMMUNITY, INC.



Principal Place of Business
**16345 RANDOLPH SIDING RD
JUPITER, FL 33478 US**

Mailing Address
**16345 RANDOLPH SIDING RD
JUPITER, FL 33478 US**



02142006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2347593	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**BLANK, CATHERINE, SR.
16345 RANDOLPH SIDING RD
JUPITER, FL 33478**

**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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BLANK, CATHERINE, SR
STREET ADDRESS	16345 RANDOLPH SIDING RD
CITY-ST-ZIP	JUPITER, FL 33478

TITLE	VSD
NAME	REGELE, MARICA(SISTER)
STREET ADDRESS	16345 RANDOLPH SIDING RD
CITY-ST-ZIP	JUPITER, FL 33478

TITLE	TMO
NAME	THE REV. JOHN CAMPOLI
STREET ADDRESS	16345 RANDOLPH SIDING RD
CITY-ST-ZIP	JUPITER, FL 33478

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/22/06-20020-008 70.00

**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 817, 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: *Marica Regele* / **SR. MARCIA Regele Vice Pres/Secy** *April 4, 2006 (541)7460353*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Signature Phone #