

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90173 003 ****70.00

DOCUMENT # 742372

1. Entity Name

COME FOLLOW ME COMMUNITY, INC.



Principal Place of Business

15111 SW 69 CT
MIAMI FL 33158
US

Mailing Address

15111 SW 69 CT
MIAMI FL 33158
US

2. Principal Place of Business

19 WESTMOUNT LANE

3. Mailing Address

19 WESTMOUNT LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PALM COAST, FLORIDA

City & State

PALM COAST, FLORIDA

Zip

32164

Country

USA

Zip

32164

Country

FLAGLER COUNTY, USA

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **BLANK, CATHERINE SR.**

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

19 WESTMOUNT LANE

City

PALM COAST

FL

Zip Code

32164

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 19 WESTMOUNT LANE PALM COAST, FL 32164
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 19 WESTMOUNT LANE PALM COAST, FL 32164
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 19 WESTMOUNT LANE PALM COAST, FL 32164
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"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE:

Signature: [Signature] Vice Pres. 3/7/03 (386) 447-3631

CR2E037 (10/02)