

ANNUAL REPORT
1995

Florida Department
Secretary of State
DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 741857 (7)
1. Corporation Name
BASILIO SCIENTIFIC SCHOOL ASSOCIATION AND SPIRIT
UAL CULT, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
7226 N CORTEZ P O BOX 151293
P O BOX 151293 TAMPA FL 33684
TAMPA FL 33684 US US

3. Date Incorporated or Qualified 03/01/1978 3a. Date of Last Report 04/25/1994
4. FEI Number 59-2330688 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 29 Zip Country
24 25 28 30

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
AVELLA, GABRIEL A.
6755 OLD PASCO RD
WESLEY CHAPEL FL 34249

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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 P
NAME AVELLA, GABRIEL A.
STREET ADDRESS 6755 OLD PASCO RD
CITY - ST - ZIP WESLEY CHAPEL FL
TITLE VD
NAME FOWLER, CATALINA N.
STREET ADDRESS 6822 LARMON ST
CITY - ST - ZIP TAMPA FL
TITLE SD
NAME ULLOA, JULIO
STREET ADDRESS 8414 N THATCHER AVE.
CITY - ST - ZIP TAMPA FL
TITLE D
NAME FORTE, JESUS
STREET ADDRESS 7437 OLCOTT DR
CITY - ST - ZIP ZEPHYRHILLS FL
TITLE T
NAME AVELLA, PAULINA C.
STREET ADDRESS 6755 OLD PASCO RD
CITY - ST - ZIP WESLEY CHAPEL FL
TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE: Gabriel A. Avella 4/21/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #