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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90032 032 \*\*\*\*70.00

**DOCUMENT # 741857**

1. Corporation Name

**BASILIO SCIENTIFIC SCHOOL ASSOCIATION AND SPIRIT  
UAL CULT, INC.**

Principal Place of Business

7226 N CORTEZ  
P O BOX 151293  
TAMPA FL 33684  
US

Mailing Address

7226 N CORTEZ  
P O BOX 151293  
TAMPA FL 33684  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

3. Date Incorporated or Qualified

03/01/1978

4. FEI Number

59-2330688

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

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 617.0502 and 617.1508, 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 617.0503, 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 ☐ DELETE  
NAME P  
STREET ADDRESS AVELLA, GABRIEL A.  
CITY-ST-ZIP 6755 OLD PASCO RD  
WESLEY CHAPEL FL 33544

TITLE ☒ DELETE  
NAME VD  
STREET ADDRESS FOWLER, CATALINA N.  
CITY-ST-ZIP 6822 LARMON ST  
TAMPA FL

TITLE ☐ DELETE  
NAME SD  
STREET ADDRESS ULLOA, JULIO  
CITY-ST-ZIP 6414 N THATCHER AVE.  
TAMPA FL

TITLE ☐ DELETE  
NAME D  
STREET ADDRESS FORTE, JESUS  
CITY-ST-ZIP 7437 OLCOTT DR  
ZEPHYRHILLS FL

TITLE ☒ DELETE  
NAME T  
STREET ADDRESS AVELLA, PAULINA C.  
CITY-ST-ZIP 6755 OLD PASCO RD  
WESLEY CHAPEL FL 33544

TITLE ☐ DELETE  
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 VD  
2.3 STREET ADDRESS RAUL DARRIBA  
2.4 CITY-ST-ZIP 4316 AUTUMN LEAVES DR.  
TAMPA, FL 33624

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 T  
5.3 STREET ADDRESS NORMA SANCHEZ  
5.4 CITY-ST-ZIP 11810 SWEETPEA CT  
TAMPA, FL 33635

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE: *Katherine Harris*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-99 973-3583  
Date Daytime Phone #

CR2E037 (11/98)