

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Mar 08, 2004 08:00 AM  
Secretary of State

DOCUMENT # 741857

1. Entity Name

"BASILIO SCIENTIFIC SCHOOL" SPIRITUAL SCIENCE  
ASSOCIATION, 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

59-2330688

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

AVELLA, GABRIEL A.  
6755 OLD PASCO RD  
WESLEY CHAPEL FL 34249

Name

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

City

FL

Zip Code

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  
Due By May 1, 2004

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	P	<input type="checkbox"/> Delete
NAME	AVELLA, GABRIEL A.	
STREET ADDRESS	6755 OLD PASCO RD	
CITY - ST - ZIP	WESLEY CHAPEL FL 33544	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DARRIBA, RAUL	
STREET ADDRESS	4316 AUTUMN LEAVES DR	
CITY - ST - ZIP	TAMPA FL 33624	
TITLE	SD	<input type="checkbox"/> Delete
NAME	AVELLA, PAULINA C	
STREET ADDRESS	6755 OLD PASCO ROAD	
CITY - ST - ZIP	WESLEY CHAPEL FL 33544	
TITLE	D	<input type="checkbox"/> Delete
NAME	FORTE, JESUS	
STREET ADDRESS	7437 OLCOTT DR	
CITY - ST - ZIP	ZEPHYRHILLS FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	SANCHEZ, NORMA	
STREET ADDRESS	11810 SWEETPEA CT	
CITY - ST - ZIP	TAMPA FL 33635	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	U000000081798
CITY - ST - ZIP	03/08/04-80163-013 70.00
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 information empowered.

SIGNATURE:

*Gabriel A. Avello*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2.29.04  
Date Daytime Phone #