

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 27, 2006 8:00 am
Secretary of State

03-27-2006 90265 003 ****70.00

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1. Entity Name

"BASILIO SCIENTIFIC SCHOOL" SPIRITUAL SCIENCE
ASSOCIATION, INC.



Principal Place of Business

Mailing Address

7226 N CORTEZ
P O BOX 151293
TAMPA FL 33684
US

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

4. FEI Number

59-2330688

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/05)

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 re-registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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 empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/06

Daytime Phone #