2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008 08:00 AM
Secretary of State

DOCUMENT # 741857

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

DO NOT WRITE IN THIS SPACE

01152008 No Chg-NP CR2E037 (4/06)

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

DARRIBA, RAUL
4316 AUTUMN LEAVES DR
TAMPA, FL 33629

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000809429
02/08/08-80021-018 70.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DARRIBA, RAUL
STREET ADDRESS	4316 AUTUMN LEAVES DR
CITY-ST-ZIP	TAMPA, FL 33629
TITLE	V
NAME	AVELLA, GABRIEL
STREET ADDRESS	6755 OLD PASCO RD.
CITY-ST-ZIP	WESLEY CHAPEL, FL 33544
TITLE	S
NAME	SANCHEZ, NORMA
STREET ADDRESS	11810 SWEETPEA CT
CITY-ST-ZIP	TAMPA, FL 33635
TITLE	T
NAME	AVELLA, PAULINA
STREET ADDRESS	6735 OLD PASCO RD.
CITY-ST-ZIP	WESLEY CHAPEL, FL 33349
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

SIGNATURE: RAUL DARRIBA-P 1/25/08 813 275-3616
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #