

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 741857 (7)

1. Corporation Name
BASILIO SCIENTIFIC SCHOOL ASSOCIATION AND SPIRITUAL 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**

3. Date Incorporated or Qualified **03/01/1978** 3a. Date of Last Report **04/27/1995**

2. Principal Place of Business
21 Suite, Apt. #, etc.

2a. Mailing Address
26 Suite, Apt. #, etc.

4. FEI Number **59-2330688** Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23 Zip Country 28 Zip Country

24 25 29 30

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

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 85 Zip Code **FL**

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 _____ DATE _____
(NOTE: Registered Agent signature required when re-stating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11 TITLE	12 NAME
P	AVELLA, GABRIEL A. 6755 OLD PASCO RD WESLEY CHAPEL FL	<input type="checkbox"/> DELETE	13 STREET ADDRESS
VD	FOWLER, CATALINA N. 6822 LARMON ST TAMPA FL	<input type="checkbox"/> DELETE	14 CITY - ST - ZIP
SD	ULLOA, JULIO 6414 N THATCHER AVE. TAMPA FL	<input type="checkbox"/> DELETE	21 TITLE
D	FORTE, JESUS 7437 OLCOTT DR ZEPHYRHILLS FL	<input type="checkbox"/> DELETE	22 NAME
T	AVELLA, PAULINA C. 6755 OLD PASCO RD WESLEY CHAPEL FL	<input type="checkbox"/> DELETE	23 STREET ADDRESS
		<input type="checkbox"/> DELETE	24 CITY - ST - ZIP
		<input type="checkbox"/> DELETE	31 TITLE
		<input type="checkbox"/> DELETE	32 NAME
		<input type="checkbox"/> DELETE	33 STREET ADDRESS
		<input type="checkbox"/> DELETE	34 CITY - ST - ZIP
		<input type="checkbox"/> DELETE	41 TITLE
		<input type="checkbox"/> DELETE	42 NAME
		<input type="checkbox"/> DELETE	43 STREET ADDRESS
		<input type="checkbox"/> DELETE	44 CITY - ST - ZIP
		<input type="checkbox"/> DELETE	51 TITLE
		<input type="checkbox"/> DELETE	52 NAME
		<input type="checkbox"/> DELETE	53 STREET ADDRESS
		<input type="checkbox"/> DELETE	54 CITY - ST - ZIP
		<input type="checkbox"/> DELETE	61 TITLE
		<input type="checkbox"/> DELETE	62 NAME
		<input type="checkbox"/> DELETE	63 STREET ADDRESS
		<input type="checkbox"/> DELETE	64 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 119.07(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. Avello* Date: **4-6-96** Daytime Phone #: **251-7461**
GABRIEL A. AVELLO

CR2E037 (12/95)