

FILE NOW: FILING FEE IS \$61.25

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

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

0052001

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # 741857

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 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

P
 NAME AVELLA, GABRIEL A.
 STREET ADDRESS 6755 OLD PASCO RD
 CITY-ST-ZIP WESLEY CHAPEL FL 33544

TITLE DELETE

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

TITLE DELETE

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

TITLE DELETE

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

TITLE DELETE

T
 NAME AVELLA, PAULINA C.
 STREET ADDRESS 6755 OLD PASCO RD
 CITY-ST-ZIP 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

VD
 NAME RAUL DARRIBA
 2.3 STREET ADDRESS 4316 AUTUMN LEAVES DR.
 2.4 CITY-ST-ZIP 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

T
 NAME NORMA SANCHEZ
 5.3 STREET ADDRESS 11810 SWEETPEA CT
 5.4 CITY-ST-ZIP 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: *Gabriel A. Avello*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

CR2E037 (11/98)