


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 16, 2005 08:00 AM
Secretary of State

DOCUMENT # 741857 1. Entity Name "BASILIO SCIENTIFIC SCHOOL" SPIRITUAL SCIENCE ASSOCIATION, INC.	
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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
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DO NOT WRITE IN THIS SPACE

03242005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-2330688	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by May 1, 2005**

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

000000309411
04/16/05-80035-024 70.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P AVELLA, GABRIEL A. 6755 OLD PASCO RD WESLEY CHAPEL, FL 33544
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD DARRIBA, RAUL 4318 AUTUMN LEAVES DR TAMPA, FL 33624
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD AVELLA, PAULINA C 6755 OLD PASCO ROAD WESLEY CHAPEL, FL 33544
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FORTE, JESUS 7437 OLCOTT DR ZEPHYRHILLS, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T SANCHEZ, NORMA 11810 SWEETPEA CT TAMPA, FL 33635
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  _____
Signature and typed or printed name of signing officer or director Date Daytime Phone #