


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 06, 2006 8:00 am**  
**Secretary of State**

02-06-2006 90085 020 \*\*\*\*61.25

<b>DOCUMENT # N04000004479</b>					
<b>1. Entity Name</b> CITY CHURCH OF PASCO, INC.					
<b>Principal Place of Business</b> 11134 CHALLENGER AVENUE ODESSA, FL 33556			<b>Mailing Address</b> 11134 CHALLENGER AVENUE ODESSA, FL 33556		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01202006    Chg-NP    CR2E037 (11/05)	
Zip		Country		<b>4. FEI Number</b> 04-3784974	
				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
MAGLIULO, GENNARO 6204 SPOONBILL DR. NEW PORT RICHEY, FL 34652			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;">FL    Zip Code</div>		
<b>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.</b>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
				<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MAGLIULO, GENNARO		NAME		
STREET ADDRESS	6204 SPOONBILL DR.		STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MAGLIULO, MARY		NAME		
STREET ADDRESS	6204 SPOONBILL DR.		STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MAGLIULO, FELICIA		NAME	7245 Fullerton Court	
STREET ADDRESS	7311 TROUBLE CREEK RD, APT. 1101		STREET ADDRESS	New Port Richey, FL 34655	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652		CITY-ST-ZIP		
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	QUEEN, JEFFERY		NAME		
STREET ADDRESS	4935 YELLOWSTONE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655		CITY-ST-ZIP		
TITLE	D <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	QUEEN, DEBORAHAN		NAME		
STREET ADDRESS	4935 YELLOWSTONE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HODGE, JESSE		NAME	Director Hodge, David	
STREET ADDRESS	3425 CALERA DRIVE		STREET ADDRESS	3425 Calera Drive	
CITY-ST-ZIP	HOLIDAY, FL 34690		CITY-ST-ZIP	Holiday, FL 34690	
<b>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.</b>					
<b>SIGNATURE:</b> <i>Gennaro Magliulo</i> GENNARO MAGLIULO    1/20/06    727-372-2489					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #					