2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 08:00 AM
Secretary of State

DOCUMENT # N04000004479

1. *Entity Name*
CITY CHURCH OF PASCO, INC.

Principal Place of Business	Mailing Address
11134 CHALLENGER AVENUE ODESSA, FL 33556	11134 CHALLENGER AVENUE ODESSA, FL 33556

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01072007 No Chg-NP CR2E037 (4/06)

4. FEI Number
04-3784974
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MAGLIULO, GENNARO
6204 SPOONBILL DR.
NEW PORT RICHEY, FL 34652

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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, 2007

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MAGLIULO, GENNARO
STREET ADDRESS	6204 SPOONBILL DR.
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652
TITLE	D
NAME	MAGLIULO, MARY
STREET ADDRESS	6204 SPOONBILL DR.
CITY-ST-ZIP	NEW PORT RICHEY, FL 34652
TITLE	D
NAME	MAGLIULO, FELICIA
STREET ADDRESS	7245 FULLERTON CT.
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655
TITLE	D
NAME	HODGE, DAVID
STREET ADDRESS	3425 CALERA DR.
CITY-ST-ZIP	HOLIDAY, FL 34690
TITLE	D
NAME	HODGE, JESSE
STREET ADDRESS	3425 CALERA DRIVE
CITY-ST-ZIP	HOLIDAY, FL 34690
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/16/07-80059-025 61.25

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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: Gennaro Magliulo Gennaro Magliulo 1/09/2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #