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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

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Mar 03 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # N2881

(6)

GOSPEL OUTREACH CHURCH OF NEW PORT RICHEY, INC.

Principal Place	e of Business	Mailing Address	Mailing Address				T (BRIND) BIO (LEAL INIE) (C		III DIRII DIN	ili dobili d ebik	OHEN BIGIN HEED
C/O GENNARO MAGLIULO 6427 US 19 N NEW PORT RICHEY FL 34652		C/O GENNARO MAGLIULO 6427 US 19 N NEW PORT RICHEY FL 34652-2235									
					Date Incorporated or Qua 10/12/1988		3a. Dat	te of Last F 03/06/19	3eport 996		
2. Principal Pi	ace of Business	2a. Mailing Address 26			4.	4. FEI Number Applied For NOT APPLICABLE Not Applied For			••		
Suite, Apt	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.				Certificate of Status Desir				Additional
22		27				Certificate of Status Desir	eu .		Fee R	lequired	
City & State		City & State			6.	Election Campaign Finance	cing			May Be	
		Zip Country				Trust Fund Contribution	it for in	toppible:		to Fees	
24	25	├ ¬	30			8.	This corporation has liabil Florida Statutes			tax under t ∐No	3. 199.032,
**	9. Name and Address of Currer		JU			10.	Name and Address of N				
					Name						
MAGLIULO, GENNARO				82 Street Address (P.O. Box Number is Not Acceptable)							
6427 US						(,			·,		
NEW PO	ORT RICHEY FL 34652			83							
				84	City					85 Zip	Code
44 Durnmont	to the previous of Costines \$17,000	00 and C17 1500. Elacida Ctaluta					a a desite this statement fo	- the -	FL		he registered
office or re	to the provisions of Sections 617.050 egistered agent, or both, in the State m familiar with, and accept the oblig-	of Florida, Such change was at	s, the at	d by	the corp	poration's b	ooard of directors. I hereby	accept	the appx	changing i pintment as	its registered s registered
	m familiar with, and accept the oblig-	ations of, Section 617.0503, Flor	ida Stat	utes.	. '						
SIGNATURE: _	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE:	Registered	d Ager	nt signature i	required when	reinstating)		DATE		
12.	OFFICERS AN	D DIRECTORS	13.				ADDITIONS/CHANGES TO	OFFICE	RS AND	DIRECTO	RS IN 12
TITLE	PD	☐ DELETE	1.1 T	TLE						Change	Addition
NAME	MAGLIULO, GENNARO		1.2 NAM		l	1					
STREET ADDRESS	1416 SPOONBILL DR.		1.3 STRE		ADDRESS						
CITY-ST-ZIP	NEW PORT RICHEY FL		1.4 CITY		- ZIP						
TITLE	VD	☐ DELETE	2.1 TITLE							Change	Addition
NAME	FRANCHI, RAYMOND JR.		2.2 NAME		J]					
STREET ADORESS	2003 CASTLE DR. NEW PORT RICHEY FL		2.3 STREI 2.4 CITY		1						
CITY-ST-ZIP TITLE	SD SD	DELETE	2 4 C		1 - ZIP	<u> </u>				Change	Addition
NAME	MAGLIULO, MARY	- DELEVE	3.2 N/							T'' CHRUBO	Lad Podition
STREET ADDRESS	1416 SPOONBILL DR.				ADDRESS						
CITY-ST-ZIP	NEW PORT RICHEY FL		3.4. CITY-								
1ITLE	TD	DELETE	4.1 TITLE			 		·····		Change	Addition
NAME	O'DONNELL, SHARON		4.2 N	AME	l	1					
STREET ADDRESS	8719 ST REGIS LANE		4.3 ST	REET /	ADDRESS						
CITY-SI-7IP	PORT RICHEY FL		4.4 CI	TY-ST	-ZiP						
TITLE		☐ DELETE	5.1 T)	TLE						☐ Change	Addition
NAME			5.2 N/	AME	ł	ŀ					
STREET ADDRESS			5.3 \$1	REEY	ADDRESS		· ·				
CITY-SI-ZIP		DELETE	***	TY-ST	-ZIP					Change	Addition
THE		☐ DETEIL	6.1 \$1 6.2 N/]		× -			L_ Change	Addition
NAME					DDDDCC						
STREET ADDRESS CITY-ST-ZIP				TY-ST	ADDAESS .		•				
14. Ldg heret	by certify that the information supplie	d with this filing does not qualify	for the	exec	nption st	tated in Se	ction 119.07(3)(i), Florida	Statutes.	I further	certify tha	t the
informatio I am an ol	n indicated on this annual report or s ficer or director of the corporation of h Block 12 or Block 13 if changed, o	supplemental annual report is tru r the receiver or trustee empowe	ue and a red to a	CCUI	rate and	that my si-	onature shall have the san	ne legal	effect as	If made ur	nder path: that

SIGNATURE: Shaum Clering SHED 2-25-97