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Apr 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morthern Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N28813** (6)
1. Corporation Name
GOSPEL OUTREACH CHURCH OF NEW PORT RICHEY, INC.

Principal Place of Business C/O GENNARO MAGLIULO 6427 US 19 N NEW PORT RICHEY FL 34852	Mailing Address C/O GENNARO MAGLIULO 6427 US 19 N NEW PORT RICHEY FL 34852
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3. Date Incorporated or Qualified 10/12/1988	
4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 6427 US 19	2a. Mailing Address 6427 US 19
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State NEW PORT RICHEY FL	27. City & State
23. Zip 34652	28. Country PASCO
24. Zip	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent MAGLIULO, GENNARO 6427 US 19 N NEW PORT RICHEY FL 34852	10. Name and Address of New Registered Agent 81. Name 6204 SPOONBILL DR. 82. Street Address (P.O. Box Number is Not Acceptable) NEW PORT RICHEY 83. 84. City FL 85. Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD MAGLIULO, GENNARO 1416 SPOONBILL DR. NEW PORT RICHEY FL	1.1 TITLE	
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD FRANCHI, RAYMOND JR. 2003 CASTLE DR. NEW PORT RICHEY FL	2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	SD MAGLIULO, MARY 1416 SPOONBILL DR. NEW PORT RICHEY FL	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	TD O'DONNELL, SHARON 8719 ST REGIS LANE PORT RICHEY FL	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: **GENNARO MAGLIULO**

CR2E037 (10/97)