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03-02-1999 90010 030 ****61.25

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N28813

1. Corporation Name

GOSPEL OUTREACH CHURCH OF NEW PORT RICHEY, INC.

Principal Place of Business

6427 US 19
6427 US 19 N
NEW PORT RICHEY FL 34652
US

Mailing Address

C/O GENNARO MAGLIULO
6427 US 19 N
NEW PORT RICHEY FL 34652



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

10/12/1988

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

MAGLIULO, GENNARO
6427 US 19 N
NEW PORT RICHEY FL 34652

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Gennaro Magliulo

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/5/99

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME MAGLIULO, GENNARO
STREET ADDRESS 1416 SPOONBILL DR.
CITY-ST-ZIP NEW PORT RICHEY FL ☐ DELETE

TITLE VD
NAME FRANCHI, RAYMOND JR.
STREET ADDRESS 2003 CASTLE DR.
CITY-ST-ZIP NEW PORT RICHEY FL ☒ DELETE

TITLE SD
NAME MAGLIULO, MARY
STREET ADDRESS 1416 SPOONBILL DR.
CITY-ST-ZIP NEW PORT RICHEY FL ☒ DELETE

TITLE TD
NAME O'DONNELL, SHARON
STREET ADDRESS 8719 ST REGIS LANE
CITY-ST-ZIP PORT RICHEY FL ☒ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME MAGLIULO GENNARO
1.3 STREET ADDRESS 6204 SPOONBILL DRIVE
1.4 CITY-ST-ZIP NEW PORT RICHEY FL

2.1 TITLE VD ☐ Change ☒ Addition
2.2 NAME MAGLIULO MARY
2.3 STREET ADDRESS 6204 SPOONBILL DRIVE
2.4 CITY-ST-ZIP NEW PORT RICHEY FL

3.1 TITLE SD ☐ Change ☒ Addition
3.2 NAME GILBERT JAYCEE
3.3 STREET ADDRESS 8708 MILLCREEK LANE
3.4 CITY-ST-ZIP HUDSON FL

4.1 TITLE TD ☐ Change ☒ Addition
4.2 NAME MILES ELLIOT, DAVID
4.3 STREET ADDRESS 8402 GOLDOOME DRIVE
4.4 CITY-ST-ZIP PORT RICHEY FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

Gennaro Magliulo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/99

DATE

121-846-7322

Daytime Phone #

CR2E037 (11/98)