


# 2005 NOT-FOR-PROFIT CORP. ANNUAL REPORT

**FILED**  
**Mar 31, 2005 8:00 am**  
**Secretary of State**

03-31-2005 90038 023 \*\*\*\*70.00

<b>DOCUMENT # N28813</b>	
1. Entity Name GOSPEL OUTREACH CHURCH OF NEW PORT RICHEY, INC.	

Principal Place of Business 11134 CHALLENGER AVE ODESSA, FL 33556 US	Mailing Address 6204 SPOONBILL DR NEW PORT RICHEY, FL 34652
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**GENNARO MAGLIULO**  
**6204 SPOONBILL DRIVE**  
**NEW PORT RICHEY, FL. 34652**



03242005 No Chg-NP CR2E037 (10/03)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent

MAGLIULO, GENNARO  
6204 SPOONBILL DRIVE  
NEW PORT RICHEY, FL 34652

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: GENNARO MAGLIULO *Gennaro Magliulo* 3/25/05  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAGLIULO, GENNARO 6204 SPOONBILL DR NEW PORT RICHEY, FL 34652
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MAGLIULO, MARY 6204 SPOONBILL DR NEW PORT RICHEY, FL 34652
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MAGLIULO, FELICIA 7311 TROUBLECREEK RD NEW PORT RICHEY, FL 34652
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM MURRAY, JOHN 3919 ANITA WAY NEW PORT RICHEY, FL 34652
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. 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 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* 3/25/05 846-7322  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #