

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

02-24-2003 90203 041 ****70.37

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DOCUMENT # N28813

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	PD MAGLIULO, GENNARO	<input type="checkbox"/> Delete
STREET ADDRESS	1416 SPOONBILL DR.	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE NAME	VD MAGLIULO, MARY	<input type="checkbox"/> Delete
STREET ADDRESS	6204 SPOONBILL DR.	
CITY-ST-ZIP	NEW PORT RICHEY FL	
TITLE NAME	TD MILES ELLIOT, DAVID	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	8402 GOLDOME DR	
CITY-ST-ZIP	PORT RICHEY FL	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	D MURRAY, JOHN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	3919 ANITA WAY	
CITY-ST-ZIP	NEW PORT RICHEY FL 34655	
TITLE NAME	D MAGLIULO FELICIA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	6204 SPOONBILL DRIVE	
CITY-ST-ZIP	NEW PORT RICHEY FL 34652	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (10/02)

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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/4/03

727-842-7000

Date

Daytime Phone #