

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 741857 (7)
1. Corporation Name

*** BASILIO SCIENTIFIC SCHOOL ASSOCIATION
AND SPIRITUAL CULT, INC.**

Principal Place of Business	Mailing Address
7226 N. CORTEZ P.O. BOX 151293 TAMPA, FL 33684 USA	7226 N. CORTEZ P.O. BOX 151293 TAMPA, FL. 33684-1293 USA

3. Date Incorporated or Qualified	03/01/1978
4. FEI Number	59-2330688
Applied For	Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

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

9. Name and Address of Current Registered Agent

Avella, Gabriel A
6755 Old Pasco Road
Wesley Chapel, Fl 33544

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> DELETE
NAME	Avella, Gabriel A
STREET ADDRESS	6755 Old Pasco Road
CITY-ST-ZIP	Wesley Chapel, Fl 33544
TITLE	VD <input type="checkbox"/> DELETE
NAME	Fowler, Catalina N.
STREET ADDRESS	6822 Larmon St. Tampa, Fl
CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE
NAME	ULLOA, Julio
STREET ADDRESS	6414 N. Thatcher Ave
CITY-ST-ZIP	Tampa, Fl
TITLE	D <input type="checkbox"/> DELETE
NAME	Forte, Jesus
STREET ADDRESS	7437 Olcott Dr. Zephyrhills, Fl
CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE
NAME	Avella, Paulina C
STREET ADDRESS	6755 Old Pasco Road
CITY-ST-ZIP	Wesley Chapel, Fl 33544
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF WORKING OFFICER OR DIRECTOR

4-21-98 813-234-9336

Date Daytime Phone #

CR2E037 (10/97)