

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 741857

**Entity Name:** "BASILIO SCIENTIFIC SCHOOL" SPIRITUAL SCIENCE ASSOCIATION, INC.

**FILED**  
**Apr 12, 2017**  
**Secretary of State**  
**CC3404185674**

**Current Principal Place of Business:**

7226 N CORTEZ  
TAMPA, FL 33614

**Current Mailing Address:**

P O BOX 151293  
P O BOX 151293  
TAMPA, FL 33684 US

**FEI Number: 59-2330688**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

DARRIBA, RAUL  
4316 AUTUMN LEAVES DR  
TAMPA, FL 33629 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name DARRIBA, RAUL  
Address 4316 AUTUMN LEAVES DR  
City-State-Zip: TAMPA FL 33629

Title V  
Name FORTE, JESUS  
Address 7437 OLCOTT DR.  
City-State-Zip: WESLEY CHAPEL FL 33545

Title SECRETARY  
Name PIAZZA, NILDA  
Address 8603 DRIFTWOOD DR.  
City-State-Zip: TAMPA FL 33615

Title TREASURER  
Name VEGA, NILDA  
Address 10015 EVANSTONE PLACE  
City-State-Zip: TAMPA FL 33624

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: RAUL DARRIBA**

**PRESIDENT**

**04/12/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date