


FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90247 023 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000001547

1. Corporation Name
VINCE RIZZO EVANGELISTIC MINISTRIES CHURCH, INC.

* 5 4 7 5 1 1 *
 547511 - 90024 - 29

Principal Place of Business 1031 NORTH TAMiami TRAIL NORTH FORT MYERS FL 33903	Mailing Address 1031 NORTH TAMiami TRAIL NORTH FORT MYERS FL 33903
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 03/16/1998
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 57-1047126
City & State 23	City & State 28	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent RIZZO, VINCENT T SR 1031 NORTH TAMiami TRAIL NORTH FORT MYERS FL 33903	10. Name and Address of New Registered Agent 81 Name RIZZO, VINCENT T JR 82 Street Address (P.O. Box Number is Not Acceptable) 1031 NORTH TAMiami TRAIL 83 84 City NORTH FORT MYERS FL 85 Zip Code 33903
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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 Rev Vincent T Rizzo Jr DATE 5/20/1999

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VP	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME REV. VINCENT T. RIZZO JR.		1.2 NAME	
STREET ADDRESS TWIN PINES VILLAGE		1.3 STREET ADDRESS	
CITY-ST-ZIP 1319 RIVER ROAD, LOT B-20 NORTH NORTH FORT MYERS, FL 33903		1.4 CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME REV. ROBERT BEAN		2.2 NAME	
STREET ADDRESS 64 OAK STREET		2.3 STREET ADDRESS	
CITY-ST-ZIP FORT MYERS, FL 33903		2.4 CITY-ST-ZIP	
TITLE S/T	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LAURA RIZZO		3.2 NAME	
STREET ADDRESS TWIN PINES VILLAGE		3.3 STREET ADDRESS	
CITY-ST-ZIP 1319 RIVER ROAD, LOT B-20 NORTH NORTH FORT MYERS, FL 33903		3.4 CITY-ST-ZIP	
TITLE DIRECTOR	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GREG EAGLE		4.2 NAME	
STREET ADDRESS 4134 ERINDALE DRIVE		4.3 STREET ADDRESS	
CITY-ST-ZIP NORTH FORT MYERS, FL 33903		4.4 CITY-ST-ZIP	
TITLE DIRECTOR	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RICH MYERS		5.2 NAME	
STREET ADDRESS 8181 RICH ROAD		5.3 STREET ADDRESS	
CITY-ST-ZIP NORTH FORT MYERS, FL 33917		5.4 CITY-ST-ZIP	
TITLE DIRECTOR	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DEAN CEDRIC ALPORQUE		6.2 NAME	
STREET ADDRESS 1620 BEACH PARKWAY WEST		6.3 STREET ADDRESS	
CITY-ST-ZIP CAPE CORAL, FL 33914		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: Rev Vincent T Rizzo Jr DATE 5/20/1999 DAYTIME PHONE # 941-652-5502

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)