

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2000 8:00 am
Secretary of State

05-19-2000 90034 033 ****70.00

DOCUMENT # N98000001547

1. Entity Name

VINCE RIZZO EVANGELISTIC MINISTRIES CHURCH, INC.

Principal Place of Business

Mailing Address

1031 NORTH TAMiami TRAIL
 NORTH FORT MYERS FL 33903

1031 NORTH TAMiami TRAIL
 NORTH FORT MYERS FL 33903-5325

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

57-1047126

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

RIZZO, VINCENT T JR.
1031 NORTH TAMiami TRAIL
NORTH FORT MYERS FL 33903

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.

SIGNATURE Vince Rizzo JR - President

Vince Rizzo Jr

4-30-2000

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** Delete
 NAME **RIZZO, VINCENT T REV.**
 STREET ADDRESS **1319 RIVER ROAD, LOT B-20 NORTH**
 CITY-ST-ZIP **NORTH PORT MYERS FL 33903**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** Delete
 NAME **BEAN, ROBERT REV**
 STREET ADDRESS **64 OAK STREET**
 CITY-ST-ZIP **FORT MYERS FL 33903**

TITLE **VP** Change Addition
 NAME **Judge, John Rev**
 STREET ADDRESS **2024 S.E. 13th ST**
 CITY-ST-ZIP **CAPE CORAL FL 33990**

TITLE **ST.** Delete
 NAME **RIZZO, LAURA**
 STREET ADDRESS **1819 RIVER ROAD LOT B-20 NORTH**
 CITY-ST-ZIP **FORT MYERS FL 33903**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **EAGLE, GREG**
 STREET ADDRESS **4134 ERINDALE DRIVE**
 CITY-ST-ZIP **FORT MYERS FL 33903**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **MYERS, RICH**
 STREET ADDRESS **8181 RICH ROAD**
 CITY-ST-ZIP **FORT MYERS FL 33917**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** Delete
 NAME **ALPORQUE, DEAN CEDRIC**
 STREET ADDRESS **1620 BEACH PARKWAY WEST**
 CITY-ST-ZIP **CAPE CORAL FL 33914**

TITLE Change Addition
 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: *Vince Rizzo JR*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-2000

941-770-6003

Date

Daytime Phone #

CR2E037 (9/99)