

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
---	---	--

DOCUMENT # N98000001547

1. Corporation Name

VINCE RIZZO EVANGELISTIC MINISTRIES CHURCH, INC.

Principal Place of Business

1031 NORTH TAMiami TRAIL
NORTH FORT MYERS FL 33903

Mailing Address

1031 NORTH TAMiami TRAIL
NORTH FORT MYERS FL 33903

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

03/16/1998

4. FEI Number

57-1047126

Applied For

Not Applicable

5. Certificate of Status Desired

☒\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$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

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

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

(NOTE: Registered Agent signature required when reinstating)

5/20/1999

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME	REV. VINCENT T. RIZZO JR.
STREET ADDRESS	TWIN PINES VILLAGE
CITY-ST-ZIP	1319 RIVER ROAD, LOT B-20 NORTH NORTH FORT MYERS, FL 33903

TITLE ☐ DELETE

NAME	REV. ROBERT BEAN
STREET ADDRESS	64 OAK STREET
CITY-ST-ZIP	FORT MYERS, FL 33903

TITLE ☐ DELETE

NAME	LAURA RIZZO
STREET ADDRESS	TWIN PINES VILLAGE
CITY-ST-ZIP	1319 RIVER ROAD, LOT B-20 NORTH NORTH FORT MYERS, FL 33903

TITLE ☐ DELETE

NAME	GREG EAGLE
STREET ADDRESS	4134 ERINDALE DRIVE
CITY-ST-ZIP	NORTH FORT MYERS, FL 33903

TITLE ☐ DELETE

NAME	RICH MYERS
STREET ADDRESS	8181 RICH ROAD
CITY-ST-ZIP	NORTH FORT MYERS, FL 33917

TITLE ☐ DELETE

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/20/1999 941-652-5502

Date

Daytime Phone #

CR2E037 (11/98)