

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000001547

1. Entity Name

VINCE RIZZO EVANGELISTIC MINISTRIES CHURCH, INC.

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

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

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

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-30-2000

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 FORT MYERS FL 33903

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

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

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

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

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

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Reon V. Rizzo
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-2000

Date

941-770-6003

Daytime Phone #

CR2E037 (9/99)