

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2002 8:00 am
Secretary of State

05-03-2002 90027 027 ****70.00

DOCUMENT # N98000001547

1. Entity Name:
VINCE RIZZO: EVANGELISTIC MINISTRIES CHURCH, INC.

Principal Place of Business: **17281 NORTH TAMiami TRAIL NORTH FORT MYERS FL 33903**
 Mailing Address: **17281 NORTH TAMiami TRAIL NORTH FORT MYERS FL 33903 US**

2. Principal Place of Business: **17281 N. TAMiami TRAIL**
 Suite, Apt. #, etc.:
 City & State: **North Fort Myers, FL**
 Zip: **33903** Country: **USA**
 3. Mailing Address: **P.O. Box 467**
 Suite, Apt. #, etc.:
 City & State: **North Fort Myers, FL**
 Zip: **33908** Country: **USA**



DO NOT WRITE IN THIS SPACE

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

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

7. Name and Address of New Registered Agent

Name: **RIZZO, Vincent T JR**
 Street Address (P.O. Box Number is Not Acceptable): **17281 N. TAMiami TRAIL**
 City: **North Fort Myers** FL Zip Code: **33903**

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: *Vincent T Rizzo Jr* DATE: **4/16/02**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

TITLE	P	<input type="checkbox"/> 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	<input type="checkbox"/> Delete
NAME	MYERS, VINCE	
STREET ADDRESS	PO BOX 50763	
CITY-ST-ZIP	FORT MYERS FL 33994	
TITLE	ST	<input type="checkbox"/> Delete
NAME	RIZZO, LAURA	
STREET ADDRESS	1819 RIVER ROAD LOT B-20 NORTH	
CITY-ST-ZIP	FORT MYERS FL 33903	
TITLE	D	<input type="checkbox"/> Delete
NAME	JUDGE, JOHN REV	
STREET ADDRESS	2024 SE 13TH STREET	
CITY-ST-ZIP	CAPE CORAL FL 33990	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHOETTLER, CARL	
STREET ADDRESS	1706 SE 10TH PLACE	
CITY-ST-ZIP	CAPE CORAL FL 33990	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCKENZIE, WILLIAM	
STREET ADDRESS	6566 KES TRAIL CIRCLE	
CITY-ST-ZIP	FORT MYERS FL 33912	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Vincent T Rizzo Jr* **REV. VINCENT T RIZZO JR PRES** **889-656-SJ70**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)