

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90121 005 ****70.00

DOCUMENT # N01000003387

1. Entity Name
PIZZA FAMILY MINISTRIES, INC.



Principal Place of Business
**2270 SHADOW RIDGE DRIVE
DELTONA, FL 32725**

Mailing Address
**2270 SHADOW RIDGE DRIVE
DELTONA, FL 32725**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04072006 Chg-NP CR2E037 (11/05)

4. FEI Number
59-3639937

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

**PIZZA, NICHOLAS
2270 SHADOW RIDGE DRIVE
DELTONA, FL 32725**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
PIZZA, NICHOLAS
2270 SHADOW RIDGE DRIVE
DELTONA, FL 32725** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Castriota, Louis
1500 Herndon Ave.
Deltona, FL 32725** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
PIZZA, KYMBERLI
2270 SHADOW RIDGE DRIVE
DELTONA, FL 32725** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
RUPP, GREG
3081 WAINWRIGHT
DELTONA, FL 32738** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
RATHBURN, KIM
651 SULLIVAN ST
DELTONA, FL 32725** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
HANS, DEMILT
6150 OAKSIDE MEADOW LANE
DELEON SPRINGS, FL 32130** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Demilt, Hans
6150 Oakside Meadow Lane
Deleon Springs, FL 32130** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
WILLIAMS, RICK
4910 ANZIO ST.
ORLANDO, FL 32819** ☐ Delete

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/17/06