2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008
Secretary of State

DOCUMENT# N01000003387

Entity Name: PIZZA FAMILY MINISTRIES, INC.

Current Principal Place of Business:

2270 SHADOW RIDGE DRIVE
DELTONA, FL 32725

New Principal Place of Business:

Current Mailing Address:

2270 SHADOW RIDGE DRIVE
DELTONA, FL 32725

New Mailing Address:

FEI Number: 59-3639937 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	PIZZA, NICHOLAS	
Address:	2270 SHADOW RIDGE DRIVE	
City-St-Zip:	DELTONA, FL 32725	
Title:	D	( ) Delete
Name:	PIZZA, KYMBERLI	
Address:	2270 SHADOW RIDGE DRIVE	
City-St-Zip:	DELTONA, FL 32725	
Title:	D	(X) Delete
Name:	RUPP, GREG	
Address:	3081 WAINWRIGHT	
City-St-Zip:	DELTONA, FL 32738	
Title:	D	( ) Delete
Name:	RATHBURN, KIM	
Address:	651 SULLIVAN ST	
City-St-Zip:	DELTONA, FL 32725	
Title:	D	( ) Delete
Name:	DEMILDT, HANS	
Address:	6150 OAKSIDE MEADOW LN	
City-St-Zip:	DE LEON SPRINGS, FL 32130	
Title:	D	( ) Delete
Name:	WILLIAMS, RICK	
Address:	4910 ANZIO ST.	
City-St-Zip:	ORLANDO, FL 32819	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NICHOLAS E. PIZZA PRES 04/21/2008
Electronic Signature of Signing Officer or Director — Date