

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003387

FILED
Mar 09, 2009
Secretary of State

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 () 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:

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

03/09/2009

Electronic Signature of Signing Officer or Director

Date