2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2010
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
Name: PIZZA, NICHOLAS
Address: 2270 SHADOW RIDGE DRIVE
City-St-Zip: DELTONA, FL 32725

Title: D
Name: PIZZA, KYMBERLI
Address: 2270 SHADOW RIDGE DRIVE
City-St-Zip: DELTONA, FL 32725

Title: D
Name: RATHBURN, KIM
Address: 651 SULLIVAN ST
City-St-Zip: DELTONA, FL 32725

Title: D
Name: DEMILDT, HANS
Address: 6150 OAKSIDE MEADOW LN
City-St-Zip: DE LEON SPRINGS, FL 32130

Title: D
Name: WILLIAMS, RICK
Address: 4910 ANZIO ST.
City-St-Zip: ORLANDO, FL 32819

Title: MR
Name: RAMOS, RANDY
Address: 1921 N MERRICK DR
City-St-Zip: DELTONA, FL 32725

I hereby 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 all other like empowered.

SIGNATURE: NICHOLAS E PIZZA PRES 03/10/2010

Electronic Signature of Signing Officer or Director — Date