2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2012
Secretary of State

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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: CASTRIOTA, LOUIS
Address: 2270 SHADOW RIDGE DR
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: STABILE, RALPH
Address: 2270 SHADOW RIDGE
City-St-Zip: DELTONA, FL 32725

Title: D
Name: STABILE, LILLIAN
Address: 2270 SHADOW RIDGE 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 PIZZA D 03/26/2012

Electronic Signature of Signing Officer or Director — Date