2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # NO20000034 1. Entity Name SAVE MY CHILDREN MINISTRIES, INC.						FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 03 MAY -6 AMII: 18				
905 PATTY LYNN DR. PO BOX STALLAHASSEE FL 32305 TALLAHAS										
			SEE FL 32314							
			Mailing Address							
Suite, Apt. #, etc.		Suite,	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State			City & State			4. FEI Number				oplied For
Zip Country		Zip	Zip Cou		intry	5. Certificate of Status Desired \$8.75 Addit Fee Required			ditional d	
	6. Name and Address of Curr	ent Registered A	gent			7. Name and Add	ress of New Re	gistered A	gent	
					Name					
WARD, B	Street Address (P.O. Box Number is N	Not Acceptable)					
IALLAHA	ASSEE FL 32305				City			FL	Zip Code	e -
	e named entity submits this statemer ations of registered agent.	nt for the purpose	of changing its r	egistere	ed office or register	ed agent, or both, in	the State of Flori	ida. I am fa	miliar with,	and accept
uio obliga	210110 of Togistorou agont.									
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicat	ole. (NOTE:	Registere	d Agent signature required	when reinstating)	\	DATE		
FILE NOW: FEE IS \$61.25			9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees Make Check Payable to Florida Department of State				
	FILE NOW: FEE IS \$61.25				~ —					
10.	FILE NOW: FRE IS \$61.25	DIRECTORS			on. 🗆		Florida	a Departn	nent of S	State
	OFFICERS AND	DIRECTORS		ontributi	on. 🗆	Added to Fees	Florida	S AND DIRE	nent of S	State
10. TITLE NAME	OFFICERS AND CHAIRES, JEFFANNA	DIRECTORS	Trust Fund Co	11. TITLE	on.	Added to Fees ADDITIONS/CHANG	Florida ES TO OFFICER	S AND DIRE	ment of S CTORS IN	10 Addition
10. TITLE NAME STREET ADDRESS	OFFICERS AND CHAIRES, JEFFANNA 1539 CROWN RIDGE RD.	DIRECTORS	Trust Fund Co	11. TITLE NAM STRE	on. E ET ADDRESS	Added to Fees ADDITIONS/CHANG	Florida	S AND DIRE	ment of S CTORS IN	10 Addition
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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:

Sittle Willaule O'BAHOW. Ward

5-1-03

948-6640