2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N99000004511 1. Entity Name SAVED TO SERVE MINISTRIES, INC. Mailing Address Principal Place of Business POST-OFFICE-BOX-323 802-PLUMOSA-AVENUE 13756 E. HWY 25 OCKlawaha, FL 32179 FRUITLAND PARK FL 34731 P.O. BOX 1753 OCKLAWAHA, FL 32183

FILED May 03, 2001 8:00 am Secretary of State

05-03-2001 90945 028 ****61.25



2. Principal Place of Business 13756 E. Hwy 25 1. Mailing Address 1. O. Box 1753			75.3	3 1885 1818 1815			
Suite, Apt.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SF	ACE	
OCKLAWAHA, FLORISA OCKLAWAHA, FL			-L 32	4. FEI Number 5	9-3590474		olied For Applicable
Zip 7/7/	79 Country	32/F3	Country USA	5. Certificate of Sta		8.75 Addi ee Required	
	6. Name and Address of Current F	Registered Agent		7. Name and Add	ress of New Registered Aç	ent	-
			Name				
MORRIS, KELLY ANTHONY 802 PLUMOSA AVENUE FRUITLAND PARK FL 34731				Street Address (P.O. Box Number is Not Acceptable)			
					FL	Zip Code	· · · · · · · · · · · · · · · · · · ·
						L	
SIGNATURE .	named entity submits this statement for statement for statement statement for statemen			are required when reinstating)	OATE		
FILE NOW: 9. Election Campaign Financia Trust Fund Contribution.				\$5.00 May Be Added to Fees	ed to Fees Department of State		
10.	OFFICERS AND DIR	ECTORS	11.	ADDITIONS/CHANGE	S TO OFFICERS AND DIRE	CTORS IN	
TITLE NAME STREET ADDRESS	PCTD MORRIS, KELLY A MIN. 802 PLUMOSA AVE	☐ Celete	TITLE NAME STREET ADDRESS			Change	☐ Addition
CITY-ST-ZIP TITLE	FRUITLAND PARK FL 34731 VSD	☐ Delete	CITY-ST-ZIP TITLE			Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	HOLMES-MORRIS, USSANTA 802 PLUMOSA AVE FRUITLAND PARK FL 34731		NAME STREET ADDRESS : CITY-ST-ZIP			~	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORRIS, THEONELY 802 PLUMOSA AVE	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FRUITLAND PARK FL 34731	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		-	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Oelete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1.	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
12. I hereby of indicated	certify that the information supplied with I on this report or supplemental eports is received or trusted either	this filing does not qualify for the	ne exemption state signature shall he required by Cha	red in Section 119.07(3)(i), Flo ave the same legal effect as i	orida Statutes. I further certif f made under oath; that I and d that my name appears in	y that the in an officer Block 10 or	formation or director Block 11 if

changed, or on an attachment with an addition

MINIMEER ANTHONY MORRES