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

APPROVED AND FILED

02 MAY -6 PM 2:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N99000004511

1. Entity Name

SAVED TO SERVE MINISTRIES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 435 FIELDS ROAD
Suite, Apt. #, etc.:
City & State: HAVANA, FLORIDA
Zip: 32333 Country: USA

3. Mailing Address: P.O. BOX 220
Suite, Apt. #, etc.:
City & State: MIDWAY, FLORIDA
Zip: 32343 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59.3598474 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: KELLY ANTHONY MORRIS
Street Address (P.O. Box Number is Not Acceptable): 435 FIELDS ROAD
City: HAVANA FL Zip Code: 32333

8. 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: KELLY ANTHONY MORRIS — 02MAY06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP
PCTA MIN. KELLY ANTHONY MORRIS 435 FIELDS Rd., HAVANA, FL 32333	
VSA USSANTA HOLMES-MORRIS 435 FIELDS Rd., HAVANA, FL 32333	
A THEONELY MORRIS 435 FIELDS Rd., HAVANA, FL 32333	

DO NOT WRITE IN THIS SPACE

CR2E037B (12/01)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 on an attachment with an address, with all other like empowered.

SIGNATURE: MIN. KELLY ANTHONY MORRIS — 02MAY06 — 850-539-6345
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #