2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000004511

Entity Name: SAVED TO SERVE MINISTRIES, INC.

FILED Apr 29, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

435 FIELDS ROAD HAVANA, FL 32333

Current Mailing Address: New Mailing Address:

PO BOX 220 MIDWAY, FL 32343

FEI Number: 59-3590474 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MORRIS, KELLY ANTHONY

435 FIELDS ROAD

HAVANA, FL 32333 US

BEN YSRAYL, MALAKHI RABBI
435 FIELDS ROAD

HAVANA, FL 32333 US

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: MALAKHI BEN YSRAYL 04/29/2004

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PCTD () Delete
 Title:
 PCTD (X) Change () Addition

 Name:
 MORRIS, KELLY A MIN.
 Name:
 BEN YSRAYL, MALAKHI RABBI

 Address:
 435 FIELD RD
 Address:
 435 FIELD RD

City-St-Zip: HAVANA, FL 32333 City-St-Zip: HAVANA, FL 32333

Title: VSD () Delete Title: VSD (X) Change () Addition Name: HOLMES-MORRIS, USSANTA Name: BAHT YSRAYL, USSANTA

 Address:
 435 FIELD RD
 Address:
 435 FIELD RD

 City-St-Zip:
 HAVANA, FL 32333
 City-St-Zip:
 HAVANA, FL 32333

Title: D () Delete Title: () Change () Addition

 Name:
 MORRIS, THEONELY
 Name:

 Address:
 435 FIELD RD
 Address:

 City-St-Zip:
 HAVANA, FL 32333
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: MALAKHI BEN YSRAYL D 04/29/2004