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Secretary of State
04-22-2004 90040 042 ****70.00

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N02000004607

1. Entity Name
FRESH ANOINTING INTERNATIONAL MINISTRIES, INC.

94060209

Principal Place of Business	Mailing Address
2901 SW 41ST STREET APT. #1213 OCALA, FL 34474	POST OFFICE BOX 6613 OCALA, FL 34478-6613

04082004 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
10935 SE 177th PLACE	10935 SE 177th PLACE
Suite, Apt. #, etc.: SUITE 407	Suite, Apt. #, etc.: SUITE 407
City & State: SUMMERFIELD, FLORIDA	City & State: SUMMERFIELD, FLORIDA
Zip: 34491 Country: MARION	Zip: 34491 Country: MARION

4. FEI Number: 02-0663450 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CINTRON, ANGEL L 2901 SW 41ST STREET OCALA, FL 34474	Name: LUDWIG, CHRIS J Street Address (P.O. Box Number is Not Acceptable): 5360 NE 2nd LANE City: OCALA, FLORIDA FL Zip Code: 34470

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: CHRIS J LUDWIG 04/21/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CINTRON, ANGEL L SR. 2901 SW 41ST STREET #1213 OCALA, FL 34474	☒ Delete	TITLE PD PD LUDWIG, CHRIS J 5360 NE 2nd LANE OCALA, FLORIDA 34470	☐ Change	☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CINTRON, ANGEL L JR. 2901 SW 41ST STREET #1213 OCALA, FL 34474	☐ Delete	TITLE TD LUDWIG, CHRIS M 4090 SE 23th TERRACE OCALA, FLORIDA 34480	☐ Change	☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CINTRON, LISSETTE 2901 SW 41ST STREET #1213 OCALA, FL 34474	☒ Delete	TITLE D LUDWIG, MICHAEL P 4090 SE 23th TERRACE OCALA, FLORIDA 34480	☐ Change	☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE D SPADONI, RON CEDAR, DRIVE OCALA, FLORIDA 34772	☐ Change	☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE D LUDWIG, SARA E 5360 SE 2nd LANE OCALA, FLORIDA 34470	☐ Change	☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE D LUDWIG, HELEN L 4090 SE 23th TERRACE OCALA, FLORIDA 34480	☐ Change	☒ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Chris M Ludwig CHRIS M LUDWIG TD 04/21/04 352-3472454
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #