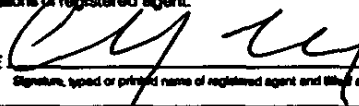


FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90040 042 ****70.00

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

94060209

DOCUMENT # N02000004607			
1. Entity Name FRESH ANOINTING INTERNATIONAL MINISTRIES, INC.			
Principal Place of Business 2901 SW 41ST STREET APT. #1213 OCALA, FL 34474		Mailing Address POST OFFICE BOX 6613 OCALA, FL 34478-6613	
2. Principal Place of Business 10935 SE 177th PLACE Suite, Apt. #, etc. SUITE 407		3. Mailing Address 10935 SE 177th PLACE 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		04082004 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent CINTRON, ANGEL L 2901 SW 41ST STREET OCALA, FL 34474		7. Name and Address of New Registered Agent 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 (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	
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 NAME STREET ADDRESS CITY-ST-ZIP	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 NAME STREET ADDRESS CITY-ST-ZIP	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 NAME STREET ADDRESS CITY-ST-ZIP	D LUDWIG, MICHAEL P 4090 SE 23th TERRACE OCALA, FLORIDA 34480 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPADONI, RON CEDAR, DRIVE OCALA, FLORIDA 34772 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUDWIG, SARA E 5360 SE 2nd LANE OCALA, FLORIDA 34470 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	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)(f), 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		Date 04/21/04 Daytime Phone # 352-3472454	