

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State

04-14-2005 90108 025 *****70.00

DOCUMENT # N02000004607

1. Entity Name
FRESH ANOINTING INTERNATIONAL MINISTRIES, INC.



Principal Place of Business
**10935 SE 177TH PLACE
SUTIE 407
SUMMERFIELD, FL 34491**

Mailing Address
**10935 SE 177TH PLACE
SUTIE 407
SUMMERFIELD, FL 34491**

20033277



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03312005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
02-0663450

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**LUDWIG, CHRIS J
5360 NE 2ND LANE
OCALA, FL 34470**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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, 2005**

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 **PD** ☐ Delete
NAME **LUDWIG, CHRIS J**
STREET ADDRESS **5360 NE 2ND LANE**
CITY-ST-ZIP **OCALA, FL 34470**

TITLE **D** ☐ Change ☒ Addition
NAME **LUDWIG, HELEN L**
STREET ADDRESS **4090 SE 23th TERRACE**
CITY-ST-ZIP **OCALA, FLORIDA 34480**

TITLE **D** ☒ Delete
NAME **CINTRON, ANGEL L JR.**
STREET ADDRESS **2901 SW 41ST STREET #1213**
CITY-ST-ZIP **OCALA, FL 34474**

TITLE **TD** ☐ Delete
NAME **LUDWIG, CHRIS M**
STREET ADDRESS **4090 SE 23TH TERRACE**
CITY-ST-ZIP **OCALA, FL 34480**

TITLE **D** ☐ Delete
NAME **LUDWIG, MICHAEL P**
STREET ADDRESS **4090 SE 23TH TERRACE**
CITY-ST-ZIP **OCALA, FL 34480**

TITLE **D** ☐ Delete
NAME **SPADONI, RON**
STREET ADDRESS **1 CEDAR DRIVE**
CITY-ST-ZIP **SAINT CLOUD, FL 34772**

TITLE **D** ☐ Delete
NAME **LUDWIG, SARA E**
STREET ADDRESS **5360 SE 2ND LANE**
CITY-ST-ZIP **OCALA, FL 34470**

TITLE **D** ☐ Delete
NAME **LUDWIG, SARA E**
STREET ADDRESS **5360 SE 2ND LANE**
CITY-ST-ZIP **OCALA, FL 34470**

TITLE **D** ☐ Delete
NAME **LUDWIG, SARA E**
STREET ADDRESS **5360 SE 2ND LANE**
CITY-ST-ZIP **OCALA, FL 34470**

TITLE **D** ☐ Delete
NAME **LUDWIG, SARA E**
STREET ADDRESS **5360 SE 2ND LANE**
CITY-ST-ZIP **OCALA, FL 34470**

TITLE **D** ☐ Delete
NAME **LUDWIG, SARA E**
STREET ADDRESS **5360 SE 2ND LANE**
CITY-ST-ZIP **OCALA, FL 34470**

TITLE **D** ☐ Delete
NAME **LUDWIG, SARA E**
STREET ADDRESS **5360 SE 2ND LANE**
CITY-ST-ZIP **OCALA, FL 34470**

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 04/07/05 352-347-2454

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #