2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 08:00 AM
Secretary of State

DOCUMENT # N02000004607

1. Entity Name
FRESH ANOINTING INTERNATIONAL MINISTRIES, INC.

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

DO NOT WRITE IN THIS SPACE

04092006 No Chg-NP CR2E037 (11/05)

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

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LUDWIG, CHRIS J
STREET ADDRESS	5360 NE 2ND LANE
CITY-ST-ZIP	OCALA, FL 34470
TITLE	D
NAME	LUDWIG, HELEN L
STREET ADDRESS	2090 SE 23TH TERRACE
CITY-ST-ZIP	OCALA, FL 34480
TITLE	TD
NAME	LUDWIG, CHRIS M
STREET ADDRESS	4090 SE 23TH TERRACE
CITY-ST-ZIP	OCALA, FL 34480
TITLE	D
NAME	LUDWIG, MICHAEL P
STREET ADDRESS	4090 SE 23TH TERRACE
CITY-ST-ZIP	OCALA, FL 34480
TITLE	D
NAME	SPADONI, RON
STREET ADDRESS	1 CEDAR DRIVE
CITY-ST-ZIP	SAINT CLOUD, FL 34772
TITLE	D
NAME	LUDWIG, SARA E
STREET ADDRESS	5360 SE 2ND LANE
CITY-ST-ZIP	OCALA, FL 34470

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04/26/06-80128-009 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ 04-10-06 352-347-2454
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #