

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000010300

FILED
Apr 27, 2008
Secretary of State

Entity Name: FRESH ANOINTING MINISTRIES IN CHRIST INC.

Current Principal Place of Business:

8596 NE 9TH TERRACE
WILDWOOD, FL 34785

New Principal Place of Business:

Current Mailing Address:

PO BOX 1246
WILDWOOD, FL 34785

New Mailing Address:

FEI Number: 26-1314558

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SANDERS, ALPHONSO E SR.
8596 NE 9TH
WILDWOOD, FL 34785 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: SANDERS, ALPHONSO E SR.
Address: 8596 NE 9TH TERRACE
City-St-Zip: WILDWOOD, FL 34785

Title: CFO () Delete
Name: SANDERS, LILLIAN
Address: 8596 NE 9TH TERRACE
City-St-Zip: WILDWOOD, FL 34785

Title: COO () Delete
Name: JOHNSON, SHANNON
Address: 305 WATER SHORE DRIVE
City-St-Zip: WILDWOOD, FL 34748

Title: CHAP () Delete
Name: JAMES, MILDRED
Address: 105 N CHESTER STREET APT. B
City-St-Zip: LEESBURG, FL 34785

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: SANDERS, ALPHONSO E SR.
Address: 8596 NE 9TH TERRACE
City-St-Zip: WILDWOOD, FL 34785

Title: DIR (X) Change () Addition
Name: SANDERS, LILLIAN
Address: 8596 NE 9TH TERRACE
City-St-Zip: WILDWOOD, FL 34785

Title: DIR (X) Change () Addition
Name: JOHNSON, SHANNON
Address: 305 WATER SHORE DRIVE
City-St-Zip: WILDWOOD, FL 34748

Title: DIR (X) Change () Addition
Name: JAMES, MILDRED
Address: 105 N CHESTER STREET APT. B
City-St-Zip: LEESBURG, FL 34785

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ALPHONSO SANDERS

PRES

04/27/2008

Electronic Signature of Signing Officer or Director

Date