

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000004997

1. Entity Name

FRESH ANNOINTING MINISTRIES, INC.

FILED
May 12, 2000 8:00 am
Secretary of State

05-12-2000 90050 047 ****70.00

Principal Place of Business

Mailing Address

10935 SE 177TH PL
 SUITE 407
 SUMMERFIELD FL 34491

10935 SE 177TH PL
 SUITE 407
 SUMMERFIELD FL 34491-8973

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3427123

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

LUDWIG, CHRIS J
 14610 S.E. 99TH AVENUE
 SUMMERFIELD FL 34491

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
 NAME LUDWIG, CHRIS J
 STREET ADDRESS 14610 SE 99TH AVENUE
 CITY-ST-ZIP SUMMERFIELD FL 34491 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
 NAME ARCHER, LARRY
 STREET ADDRESS 6020 N.W. 61ST LANE
 CITY-ST-ZIP Ocala FL 34482 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD
 NAME BUCKHALTER, JAMES
 STREET ADDRESS P.O. BOX 4581 N/A
 CITY-ST-ZIP Ocala FL 34478 ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD
 NAME LUDWIG, CHRIS M
 STREET ADDRESS 4127 S.E. HIGHWAY 484
 CITY-ST-ZIP BELLEVUE FL 34482 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE D
 NAME LUDWIG, MICHAEL P
 STREET ADDRESS 4127 SE HIGHWAY 484
 CITY-ST-ZIP BELLEVUE, FL 34420 ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SIGNATURE REQUIRED CHRIS J LUDWIG 4/28/00 752-347-2454

CR2E037 (9/99)