

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000004997

1. Entity Name

FRESH ANNOINTING MINISTRIES, INC.

FILED

Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90262 016 ****70.00

Principal Place of Business

10935 SE 177TH PL
SUITE 407
SUMMERFIELD FL 34491

Mailing Address

10935 SE 177TH PL
SUITE 407
SUMMERFIELD FL 34491

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3427123

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
14610 S.E. 99TH AVENUE
SUMMERFIELD FL 34491

Name

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

5360 NE 2nd LANE

City
OCALA

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.

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 ☒ Change ☐ Addition
STREET ADDRESS 5360 NE 2nd LANE
CITY-ST-ZIP Ocala FL 34470

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

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

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

TITLE
NAME ☒ Change ☐ Addition
STREET ADDRESS 4090 SE 23th TERRACE
CITY-ST-ZIP Ocala FL 34480

TITLE D
NAME MICHAEL, LUDWIG P
STREET ADDRESS 41275 E HIGHWAY 484
CITY-ST-ZIP BELLEVUE FL 34420 ☐ Delete

TITLE
NAME ☒ Change ☐ Addition
STREET ADDRESS 4090 SE 23th TERRACE
CITY-ST-ZIP Ocala FL 34480

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

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

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 #

CR2E037 (10/00)