


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**


FILED
Apr 22, 2004 8:00 am
Secretary of State

04-22-2004 90040 043 ****70.00

DOCUMENT # N96000004997 1. Entity Name FRESH ANNOINTING MINISTRIES, INC.	
--	---

Principal Place of Business 10935 SE 177TH PL SUITE 407 SUMMERFIELD, FL 34491	Mailing Address 10935 SE 177TH PL SUITE 407 SUMMERFIELD, FL 34491
---	---

DO NOT WRITE IN THIS SPACE



02022004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3427123	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS

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

**DO NOT WRITE
IN THIS SPACE**

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** **04/21/04** **352-347-2454**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #