

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005 08:00 AM
Secretary of State

DOCUMENT # N96000004997 <small>1. Entity Name</small> 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		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3427123	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent LUDWIG, CHRIS J 5360 NE 2ND LANE Ocala, FL 34470				7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State		10. OFFICERS AND DIRECTORS			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE PD NAME LUDWIG, CHRIS J STREET ADDRESS 5360 NE 2ND LANE CITY-ST-ZIP Ocala, FL 34470		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____			
TITLE TD NAME LUDWIG, CHRIS M STREET ADDRESS 4090 SE 23TH TERRACE CITY-ST-ZIP Ocala, FL 34480		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____			
TITLE D NAME MICHAEL, LUDWIG P STREET ADDRESS 4090 SE 23TH TERRACE CITY-ST-ZIP Ocala, FL 34480		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____			
TITLE D NAME SPADONI, RON STREET ADDRESS 1 CEDAR DRIVE CITY-ST-ZIP Ocala, FL 34772		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____			
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____			
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____			



03312005 Chg-NP CR2E037 (10/03)

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04/13/05-80003-001 70.00

SIGNATURE: Chris M Ludwig **CHRIS M LUDWIG TD** 04/11/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #