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May 13 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P22635 (7)  
1. Corporation Name  
FAITH BUILDING MINISTRIES, INC.



Principal Place of Business Mailing Address  
917 ROMAANO AVE ORLANDO FL 32807-1510 US  
P O BOX 540918 ORLANDO FL 32854-0918 US

3. Date Incorporated or Qualified 01/19/1989  
3a. Date of Last Report 05/20/1996

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt #, etc. 26 Suite, Apt #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30  
4. FEI Number 58-1326766 Applied For Not Applicable  
5. Certificate of Status Desired X \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent  
HECKENBACH, MARCHETTA  
63 SWEETBRIAR  
LONGWOOD FL 32750  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P LINDLER, CONSTANCE A 917 ROMAANO AVE ORLANDO FL 32807-1510	1.1 TITLE	D Reverend Ann Robinson 5020 W. South Street Orlando, FL 32811
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VP LINDLER, JOHN W 917 ROMAANO AVE ORLANDO FL 32807-1510	2.1 TITLE	D Patricia C. Morris 4586 Olive wood Riverside, CALIF. 92501
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	S LINDLER, SUSAN J 1448 EL PASO AVE ORLANDO FL 32806	3.1 TITLE	D Vivian Prine 6217 40th Street Sacramento, Calif. 95824
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	T LINDLER, ALICE K 1448 EL PASO AVE ORLANDO FL 32806	4.1 TITLE	P/D LINDLER, CONSTANCE A. 917 ROMAANO AVE. ORLANDO, FL 32807-1510
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D HECKENBACH, MARCHETTA 63 SWEETBRIAR LONGWOOD FL	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D BROWN, LYNN 476 WINDING OAKLANE LONGWOOD FL 32750	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Constance A. Lindler* CONSTANCE A. LINDLER 4-1-97 (407) 273-5196  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0017985

CFR2E037 (9/96)