

FILE NOW: FILING FEE IS \$61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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FILED

99 JUN 16 PM 1:34

SECRETARY OF STATE  
 1111 AVENUE S.E., TALLAHASSEE, FLORIDA



**DOCUMENT # P22635**  
 1. Corporation Name  
**FAITH BUILDING MINISTRIES, INC.**

Principal Place of Business 917 ROMAANO AVE ORLANDO FL 32807-1510 US	Mailing Address P O BOX 540918 ORLANDO FL 32854-0918 US
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2. Principal Place of Business 21	2a. Mailing Address 28	3. Date Incorporated or Qualified 01/19/1989
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 58-1326766
22	27	Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	29
Country 26	Country 30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent <b>HECKENBACH, MARCHETTA 63 SWEETBRIAR LONGWOOD FL 32750</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code <b>FL</b>
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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 \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE	1.1 TITLE 200002914372--2	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LINDLER, CONSTANCE A		1.2 NAME -06/24/99--01073--003	
STREET ADDRESS 917 ROMAANO AVE		1.3 STREET ADDRESS *****8.75 *****8.75	
CITY-ST-ZIP ORLANDO FL 32807-1510		1.4 CITY-ST-ZIP	
TITLE VP	<input checked="" type="checkbox"/> DELETE	2.1 TITLE VP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME LINDLER, JOHN W		2.2 NAME Alice K. DeRosa	
STREET ADDRESS 917 ROMAANO AVE		2.3 STREET ADDRESS P.O. Box 540918	
CITY-ST-ZIP ORLANDO FL 32807-1510		2.4 CITY-ST-ZIP ORLANDO, FL. 32854	
TITLE S	<input type="checkbox"/> DELETE	3.1 TITLE 200002914372--2	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LINDLER, SUSAN J		3.2 NAME -06/24/99--01073--004	
STREET ADDRESS 1448 EL PASO AVE		3.3 STREET ADDRESS *****70.20 *****70.20	
CITY-ST-ZIP ORLANDO FL 32808		3.4 CITY-ST-ZIP	
TITLE PD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LINDLER, CONSTANCE A		4.2 NAME	
STREET ADDRESS 917 ROMANO AVE.		4.3 STREET ADDRESS	
CITY-ST-ZIP ORLANDO FL		4.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HECKENBACH, MARCHETTA		5.2 NAME	
STREET ADDRESS 63 SWEETBRIAR		5.3 STREET ADDRESS	
CITY-ST-ZIP LONGWOOD FL		5.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BROWN, LYNN		6.2 NAME Reverend Mary Ann Robinson	
STREET ADDRESS 478 WINDING OAKLANE		6.3 STREET ADDRESS 5020 W. South Street	
CITY-ST-ZIP LONGWOOD FL 32750		6.4 CITY-ST-ZIP Orlando, FL. 32811	<b>SP</b>

14. 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 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, with all other like empowered.

SIGNATURE: *Reverend Mary Ann Robinson*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Page: (407) 763-3751  
 Date: 5-1-99 Daytime Phone #: (407) 482-6442

CR2E037 (11/98)