

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 30, 2000 8:00 am**  
**Secretary of State**

03-30-2000 90047 021 \*\*\*\*70.00

**DOCUMENT # P22635**

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**58-1326766**

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

**HECKENBACH, MARCHETTA  
 63 SWEETBRIAR  
 LONGWOOD FL 32750**

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.

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  Delete  
 NAME **P LINDLER, CONSTANCE A**  
 STREET ADDRESS **917 ROMAANO AVE**  
 CITY-ST-ZIP **ORLANDO FL 32807-1510**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **VP DEROSA, ALICE K**  
 STREET ADDRESS **P.O. BOX 540918**  
 CITY-ST-ZIP **ORLANDO FL 32854**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **S LINDLER, SUSAN J**  
 STREET ADDRESS **1448 EL PASO AVE**  
 CITY-ST-ZIP **ORLANDO FL 32806**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **PD LINDLER, CONSTANCE A**  
 STREET ADDRESS **917 ROMAANO AVE.**  
 CITY-ST-ZIP **ORLANDO FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D HECKENBACH, MARCHETTA**  
 STREET ADDRESS **63 SWEETBRIAR**  
 CITY-ST-ZIP **LONGWOOD FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D ROBINSON, MARYANN REV**  
 STREET ADDRESS **5020 W. SOUTH STREET**  
 CITY-ST-ZIP **ORLANDO FL 32811**

TITLE  Change  Addition  
 NAME  
 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: *Reverend Constance A. Lindler* **Constance A. Lindler** 3-25-2000 (407) 482-6442  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)