

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N93000005570 (7)**

1. Corporation Name

**FAITH RESTORATION MINISTRIES, INCORPORATED**



Principal Place of Business

Mailing Address

18050 S TAMiami TR  
S101  
FORT MYERS FL 33908  
US

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S101  
FORT MYERS FL 33908  
US

3. Date Incorporated or Qualified  
**12/13/1993**

3a. Date of Last Report  
**01/18/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number  
**65-0450076**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$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

10. Name and Address of New Registered Agent

HEISE, FAITH  
18050 S TAMiami TR  
S101  
FORT MYERS FL 33908

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 officer 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's signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  DELETE

11 TITLE  Change  Addition

NAME HEISE, FAITH  
STREET ADDRESS 18050 S TAMiami TR S101  
CITY-ST-ZIP FORT MYERS FL

12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

TITLE VD  DELETE

21 TITLE  Change  Addition

NAME CROWTHER, STEVEN  
STREET ADDRESS POST OFFICE BOX 2766  
CITY-ST-ZIP BONITA SPRINGS FL

22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

TITLE STD  DELETE

31 TITLE  Change  Addition

NAME HEISE, NORBERT  
STREET ADDRESS 18050 S TAMiami TR 101  
CITY-ST-ZIP FORT MYERS FL

32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

TITLE  DELETE

41 TITLE  Change  Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

TITLE  DELETE

51 TITLE  Change  Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

TITLE  DELETE

61 TITLE  Change  Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Norbert Heise*

6-14-96

813 267-3577  
Daytime Phone #

CR2E037 (12/95)