

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2001 8:00 am
Secretary of State

0028154

DOCUMENT # P22635

1. Entity Name

FAITH BUILDING MINISTRIES, INC.

03-13-2001 90110 028 ****70.00

Principal Place of Business

**917 ROMAANO AVE
 ORLANDO FL 32807-1510
 US**

Mailing Address

**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

Zip

Country

Zip

Country

4. FEI Number

58-1326766

Applied For

Not Applicable

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 **P** ☐ Delete
 NAME **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 **VP** ☐ Delete
 NAME **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 **S** ☐ Delete
 NAME **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 **PD** ☐ Delete
 NAME **LINDLER, CONSTANCE A**
 STREET ADDRESS **917 ROMANO AVE.**
 CITY-ST-ZIP **ORLANDO FL**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **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: *Rev. Constance A. Lindler* *Rev. Constance A. Lindler* 3-7-01 (407) 482-4442
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)