

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P22635** (7)

1. Corporation Name

FAITH BUILDING MINISTRIES, INC.



Principal Place of Business

Mailing Address

1683 WATAUGA AVE
108
ORLANDO FL 32812
US

P O BOX 540918
ORLANDO FL 32854-0918
US

3. Date incorporated or Qualified **01/19/1989** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21 **917 ROMANO AVE.**

26

4. FEI Number

58-1326766

Applied For

Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 City & State

ORLANDO, FL

28 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 Zip **32807-1510**

25 Country **ORANGE**

29 Zip

30 Country

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

**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

Signature, typed or printed name of registered agent and title if applicable.

NOTE: Registered Agent signature required when reinstating.

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	LINDLER, CONSTANCE A.	
STREET ADDRESS	1683 WATAUGA AVE #108	
CITY-ST-ZIP	ORLANDO FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LINDLER, JOHN W.	
STREET ADDRESS	1683 WATAUGA AVE #108	
CITY-ST-ZIP	ORLANDO FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	LINDLER, SUSAN J.	
STREET ADDRESS	643 JAMESTOWN BLVD. #2132	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	LINDER, ALICE K.	
STREET ADDRESS	643 JAMESTOWN BLVD. #2132	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HECKENBACH, MARCHETTA	
STREET ADDRESS	63 SWEETBRIAR	
CITY-ST-ZIP	LONGWOOD FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Lynn Brown	
STREET ADDRESS	476 Winding OAK Lane	
CITY-ST-ZIP	Longwood, FL. 32750	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Lindler, Constance A.	
1.3 STREET ADDRESS	917 Romano Ave.	
1.4 CITY-ST-ZIP	Orlando, FL 32807-1510	
2.1 TITLE	Vice-Pres.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Lindler, John W.	
2.3 STREET ADDRESS	917 Romano Ave.	
2.4 CITY-ST-ZIP	Orlando, FL 32807-1510	
3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	LINDLER, SUSAN J.	
3.3 STREET ADDRESS	1449 EL PASO AVE.	
3.4 CITY-ST-ZIP	ORLANDO, FL 32806	
4.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	LINDLER, ALICE K.	
4.3 STREET ADDRESS	1449 EL PASO AVE.	
4.4 CITY-ST-ZIP	ORLANDO, FL 32806	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP	500001830185	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS	-05/20/96--01065--043	
6.4 CITY-ST-ZIP	***61.25	

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)(k), 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: Vice-President

Date **4-20-96** Daytime Phone # **407-896-3326**

CR2E037 (12/95)