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

**NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 13 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

1997 DOCUMENT #
1. Corporation Name

FAITH BUILDING MINISTRIES, INC.

LONGWOOD FL 32750

14 70 - 2 d.d.							(   EARN BIDI		BII BIBII FBBI
Principal Place	of Business	Mailing Address				1	.,, .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***************************************	
917 ROMAANO	AVE	P O BOX 540918	P O BOX 540918						
ORLANDO FL 3		ORLANDO FL 32854-0918			İ				
US		US	U\$			3. Date Incorporated or Qualified	3a. Date	of Last Re	port
						01/19/1989		5/20/199	
6 Principal O	oon of Puninger	2a. Mailing Address				4. FEI Number	i		plied For
· · ·	ace of Business	<del> </del> η				58-1326766		<del></del>	t Applicable
Suite, Apt	4 oto	26 Suite Ant # etc	Suite, Apt. #, etc.						dditional
· '	#, <del>U</del> .		27			Certificate of Status Desired	X	Fee Re	
City & State		City & State				6. Election Campaign Financing		<b>\$5.00</b>	14 D-
— ·	•	<b>├</b> , ′				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
23	Country	Zip Country					<u> </u>		
Zip	Country	<del>                                     </del>		u su y		8. This corporation has liability for in Florida Statutes		No.	199.032,
24	25 g. Name and Address of Curren	29	30	_		10. Name and Address of New Registered Agent			
	g, Name and Address of Curren	it wadistolog Washi		81	Name	10. Italia alla Adalasa di Atan			
ļ				"	Harrio				
HECKENBACH, MARCHETTA				82	Street Address (P.O. Box Number is Not Acceptable)				
63 SWEETBRIAR									
LONGW	OOD FL 32750			83		•			}
1				64	City			<b>85</b> Zip C	Ode
					1		FL		
11. Pursuant i	to the provisions of Sections 617.050	2 and 617.1508, Florida Statu	ites, the a	DOVE	-named	corporation submits this statement for the proporation's board of directors. I hereby accept	rpose of c	hanging its	s registered
office or re	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was	authorize	d by tutes	the corp	oration's board of directors. I hereby accept	the appoi	ntment as	registered
	it familiar with, and accept the being	ations of, occiton of the	ionod old		•				
SIGNATURE _	Signature, typed or printed name of registered age	ent and title if applicable. (NC	)TE: Flegistere	d Age	nt signature	equired when reinstating)	DAYE		
12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	
TITLE	P	DELETE	1.1 T	ITLE		D		Change	Addition
NAME	LINDLER, CONSTANCE A		1.2 N	AME	f	Devend ANN MODINSON			
STREET ADDRESS	917 ROMAANO AVE		135	TREET	ADORESS	5020 W. South Street			
ļ .	ORLANDO FL 32807-1510			1.4 CITY-ST-ZIP		Orlando, FL. 32811			
CITY-ST-ZIP TITLE	VP DELETE			2.1 TITLE D				Change	Addition
	LINDLER, JOHN W		2.2 N		1	Patricia C. Morris	_		
NAME			2.3 STREE		1	488C Orive wood			
STREET ADDRESS	917 ROMAANO AVE				100.000	Riverside, CALif. 92501			ļ
CITY-ST-ZIP	ORLANDO FL 32807-1510							Change	X Addition
TITLE	S CHANNE	<del>-</del> 1				D		T Armille	AP LANGINGS
NAME	LINDLER, SUSAN J					Vivian Prine U217 40th Street			
STREET ADDRESS	1448 EL PASO AVE				ADDRESS				
CHTY-ST-ZIP	ORLANDO FL 32806		3.4. CITY		ST-ZIP	<u>Sacramento, Calif. 938:</u>	<u> </u>	<del></del>	
TITLE	T	☐ DELETE	4.1 TITLE			P/D	, }	Change	Addition
NAME	LINDLER, ALICE K		4.2 NAME		ł	LINDLER, CONSTANCE.	H.		
STREET ADDRESS	1448 EL PASO AVE		4.3 STREE		ADORESS	917 ROMANO AUE.		ls =	
CITY-ST-ZIP	ORLANDO FL 32806	4.4 (		HY-5	ST-ZIP	OR(ANDO, AL 3280	7-13	10	
TITLE	D	DELETE						Change	Addition
NAME	HECKENBACH, MARCHETTA		5.21	IAME					
STREET ADDRESS	63 SWEETBRIAR	•			T ADDRESS				
	LONGWOOD FL				ST-ZIP				
CITY - ST - ZIP		☐ DELETE		ITLE	21 . Til.			Change	Addition
TITLE	D DOMEN LYNN	C DECEM							
NAME	BROWN, LYNN			IAME					
STREET ADDRESS	476 WINDING OAKLANE		6.3 5	STREET	T ADDRESS				

6.4 CITY-ST-ZIP 14. I do 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.