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Mar 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P22635 (7)
1. Corporation Name
FAITH BUILDING MINISTRIES, INC.



Principal Place of Business 917 ROMAANO AVE ORLANDO FL 32807-1510 US	Mailing Address P O BOX 540918 ORLANDO FL 32854-0918 US
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3. Date Incorporated or Qualified 01/19/1989	
4. FEI Number 58-1326766	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**HECKENBACH, MARCHETTA
63 SWEETBRIAR
LONGWOOD FL 32750**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS	
TITLE P	<input type="checkbox"/> DELETE
NAME LINDLER, CONSTANCE A	
STREET ADDRESS 917 ROMAANO AVE	
CITY-ST-ZIP ORLANDO FL 32807-1510	
TITLE VP	<input type="checkbox"/> DELETE
NAME LINDLER, JOHN W	
STREET ADDRESS 917 ROMAANO AVE	
CITY-ST-ZIP ORLANDO FL 32807-1510	
TITLE S	<input type="checkbox"/> DELETE
NAME LINDLER, SUSAN J	
STREET ADDRESS 1448 EL PASO AVE	
CITY-ST-ZIP ORLANDO FL 32806	
TITLE PD	<input type="checkbox"/> DELETE
NAME LINDLER, CONSTANCE A	
STREET ADDRESS 917 ROMANO AVE.	
CITY-ST-ZIP ORLANDO 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 BROWN, LYNN	
STREET ADDRESS 476 WINDING OAKLANE	
CITY-ST-ZIP LONGWOOD FL 32750	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME Reverend Mary Ann Robinson	
1.3 STREET ADDRESS 5020 W. South Street	
1.4 CITY-ST-ZIP Orlando, Florida 32811	
2.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME Reverend Patricia C. Morris	
2.3 STREET ADDRESS 4586 Olive wood Ave	
2.4 CITY-ST-ZIP Riverside, Calif. 92501	
3.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME Reverend Vivian Prine	
3.3 STREET ADDRESS 7321 Flamingo Way	
3.4 CITY-ST-ZIP SACRAMENTO, CALIF. 95828-3228	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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: *Constance A Lindler* (Constance A Lindler) 3-5-98 (NON) 3010-7979

CR2E037 (10/97)