

**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**

1 2 0 0 1 0



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

**HECKENBACH, MARCHETTA  
 63 SWEETBRIAR  
 LONGWOOD FL 32750**

7. Name and Address of New Registered Agent

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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>LINDLER, CONSTANCE A</b>	
STREET ADDRESS	<b>917 ROMAANO AVE</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32807-1510</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>DEROSA, ALICE K</b>	
STREET ADDRESS	<b>P.O. BOX 540918</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32854</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>LINDLER, SUSAN J</b>	
STREET ADDRESS	<b>1448 EL PASO AVE</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32806</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>LINDLER, CONSTANCE A</b>	
STREET ADDRESS	<b>917 ROMANO AVE.</b>	
CITY-ST-ZIP	<b>ORLANDO FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HECKENBACH, MARCHETTA</b>	
STREET ADDRESS	<b>63 SWEETBRIAR</b>	
CITY-ST-ZIP	<b>LONGWOOD FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>ROBINSON, MARYANN REV</b>	
STREET ADDRESS	<b>5020 W. SOUTH STREET</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32811</b>	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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) 482-6442  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)