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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # **724027** (8)

1. Corporation Name
FIRST BAPTIST INSTITUTIONAL CHURCH, INC.

Principal Place of Business	Mailing Address
932 MARTIN LUTHER KING JR. AVENUE LAKELAND FL 33901	POST OFFICE BOX 1186 LAKELAND FL 33802-1186

3. Date Incorporated or Qualified: 08/03/1972

4. FEI Number: 59-1359754 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26 P.O. BOX 1186
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 LAKELAND, FL
Zip 24 33805 Country 25 POLK	Zip 29 33805 Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☑ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☑ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FIELDS, ROBERT 1436 N. WEBSTER AVE. LAKELAND FL 33805	81 Name: REV. ALEX HARPER, SR. PASTOR 82 Street Address (P.O. Box Number is Not Acceptable): 1521 PROVIDENCE RD. 83: LAKELAND 84 City: LAKELAND, FL 85 Zip Code: 33805

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	☐ DELETE	1.1 TITLE		☐ Change ☑ Addition
NAME	FIELDS, ROBERT		1.2 NAME		
STREET ADDRESS	1436 N. WEBSTER AVE.		1.3 STREET ADDRESS	ALEX HARPER, SR. PASTOR 1521 PROVIDENCE RD	
CITY-ST-ZIP	LAKELAND FL 33805		1.4 CITY-ST-ZIP	LAKELAND, FL 33805	
TITLE	D	☑ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	DAVIS, ROBERT		2.2 NAME		
STREET ADDRESS	934 N. TENNESSEE AVE.		2.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL 33801		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SPEED, WILLIE		3.2 NAME		
STREET ADDRESS	415 TUCKER ST.		3.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL 33805		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	CAMPBELL, REUBEN		4.2 NAME		
STREET ADDRESS	1332 N. THOMPSON AVE.		4.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL 33805		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	JOHNSON, JAMES		5.2 NAME		
STREET ADDRESS	1716 BUSH AVE.		5.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL 33805		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	REED, JOSEPH T		6.2 NAME		
STREET ADDRESS	124 EMMA ST.		6.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL 33801		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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: Robert Fields **FEE REQUIRED** 1-21-98 (941) 682-6494
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0054606