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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **724027**

1. Corporation Name

FIRST BAPTIST INSTITUTIONAL CHURCH, INC.

Principal Place of Business	Mailing Address
932 MARTIN LUTHER KING JR. AVENUE LAKELAND FL 33805 US	POST OFFICE BOX 1186 LAKELAND FL 33805 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	08/03/1972
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number: 59-1359754 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

REV. ALEX HARPER, SR. PASTOR
1521 PROVIDENCE RD.
LAKELAND FL 33805

10. Name and Address of New Registered Agent

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 _____ 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	D	☐ Change ☐ Addition
NAME	FIELDS, ROBERT		1.2 NAME	Reuben Campbell	
STREET ADDRESS	1436 N. WEBSTER AVE.		1.3 STREET ADDRESS	1332 N. Thompson St.	
CITY-ST-ZIP	LAKELAND FL 33805		1.4 CITY-ST-ZIP	Lakeland, Fla. 33805	
TITLE	D	☐ DELETE	2.1 TITLE	D	☐ Change ☑ Addition
NAME	ALEX HARPER, SR. PASTOR		2.2 NAME	Delroy Dixon	
STREET ADDRESS	1521 PROVIDENCE RD.		2.3 STREET ADDRESS	4730 Holton Rd.	
CITY-ST-ZIP	LAKELAND FL 33805		2.4 CITY-ST-ZIP	Auburndale, Fla	
TITLE	D	☐ DELETE	3.1 TITLE	D	☐ Change ☐ Addition
NAME	SPEED, WILLIE		3.2 NAME	Jesse Nesbitt	
STREET ADDRESS	415 TUCKER ST.		3.3 STREET ADDRESS	617 W. 12th St	
CITY-ST-ZIP	LAKELAND FL 33805		3.4 CITY-ST-ZIP	Lakeland, Fl 33805	
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 (11/98)

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, with all other like empowered.

SIGNATURE: [signature] **TITLE REQUIRED** 1-17-99 (941) 682-6484
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #