

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 724027

1. Entity Name

FIRST BAPTIST INSTITUTIONAL CHURCH, INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90297 010 ****61.25

Principal Place of Business	Mailing Address
932 MARTIN LUTHER KING JR. AVENUE LAKELAND FL 33805 US	POST OFFICE BOX 1186 LAKELAND FL 33802-1186 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number	59-1359754	Applied For	Not Applicable
5. Certificate of Status Desired	☐	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
REV. ALEX HARPER, SR. PASTOR 1521 PROVIDENCE RD. LAKELAND FL 33805	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD FIELDS, ROBERT 1436 N. WEBSTER AVE. LAKELAND FL 33805 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Delroy Dixon 4730 Holton Rd Auburndale, FL ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALEX HARPER, SR. PASTOR 1521 PROVIDENCE RD. LAKELAND FL 33805 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bostic, Earl L., I 312 E. Lane Lakeland, FL 33805 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPEED, WILLIE 415 TUCKER ST. LAKELAND FL 33805 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Nesbitt, Jesse 617 W. 12th St. Lakeland, FL 33805 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMPBELL, REUBEN 1332 N. THOMPSON AVE. LAKELAND FL 33805 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, JAMES 1716 BUSH AVE. LAKELAND FL 33805 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REED, JOSEPH T 124 EMMA ST. LAKELAND FL 33801 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Signature Required 1-4-00 (863) 682-6494
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)