

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90113 036 ****61.25

DOCUMENT # 724027

1. Entity Name

FIRST BAPTIST INSTITUTIONAL CHURCH, INC.

Principal Place of Business

**932 MARTIN LUTHER KING JR. AVENUE
 LAKELAND FL 33805
 US**

Mailing Address

**POST OFFICE BOX 1186
 LAKELAND FL 33805
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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**

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
**Speed, Willie M - Deacon
 415 Tucker Street
 Lakeland, FL 33805** ☐ 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
**Bastic, Earl - D
 312 E. Lane
 Lakeland, FL 33805** ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 NESBITT, JESSE
 617 W. 12 ST.
 LAKELAND FL 33805** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**Dixon, Delroy - D
 473 Holton Rd
 Auburndale, FL** ☐ 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
**Hawk, Mildred, Trustee
 934 W. 13th St.
 Lakeland, FL 33805** ☐ 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
**Fields, Bow - Treasurer
 P.O. Box 3384
 Lakeland, FL 33802** ☐ 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:

Robert Fields
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-9-01 963-682-6494

Daytime Phone #

CR2E037 (10/00)