

# 05 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

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

FILED

05 DEC -7 PM 9:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

10132005 REIN-NP CR2E099 (6/04)

City & State

City & State

4. FEI Number  
59-1359754

Applied For  
Not Applicable

Zip

Country

Zip

Country

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. I am familiar with, and accept the obligations of registered agent.

Rev. Alex Harper, Sr.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

11/22/05

FILE NOW!!! FEE IS \$236.25  
After January 1, 2006, Fee will be \$297.50

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> Delete
NAME	FIELDS, ROBERT	
STREET ADDRESS	1436 N. WEBSTER AVE.	
CITY-ST-ZIP	LAKELAND, FL 33805	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALEX HARPER, SR. PASTOR	
STREET ADDRESS	1521 PROVIDENCE RD.	
CITY-ST-ZIP	LAKELAND, FL 33805	
TITLE	T	<input type="checkbox"/> Delete
NAME	HAWK, MILDRED	
STREET ADDRESS	932 W. 13TH STREET	
CITY-ST-ZIP	LAKELAND, FL 33805	
TITLE	D	<input type="checkbox"/> Delete
NAME	CAMPBELL, REUBEN	
STREET ADDRESS	1332 N. THOMPSON AVE.	
CITY-ST-ZIP	LAKELAND, FL 33805	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, JAMES	
STREET ADDRESS	1716 BUSH AVE.	
CITY-ST-ZIP	LAKELAND, FL 33805	
TITLE	T	<input type="checkbox"/> Delete
NAME	FIELDS, GOW B	
STREET ADDRESS	229 NORTH FLORIDA AVENUE	
CITY-ST-ZIP	LAKELAND, FL 33801	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	600060820896
CITY-ST-ZIP	10/20/05--01041--023 **236.25
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	REINSTATEMENT 05
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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:

Robert Fields Robert Fields

10/31/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #