

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 30, 2007 8:00 am
Secretary of State

07-30-2007 90061 016 ****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 - No P.O. Box #

1186 932 MLK

3. Mailing Address

P.O. Box 1186

Suite, Apt. #, etc

Suite, Apt. #, etc

2nd MOORE

CR2E037 (4/07)

City & State

Lakeland, FL

City & State

Lakeland, FL

4. FEI Number

59-1359754

Applied For

Not Applicable

Zip

33805

Country

Polk

Zip

33805

Country

Polk

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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.

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
Due By September 5, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE CD ☐ Delete
NAME FIELDS, ROBERT
STREET ADDRESS 1436 N. WEBSTER AVE.
CITY-ST-ZIP LAKELAND FL 33805

TITLE D ☐ Delete
NAME ALEX HARPER, SR. PASTOR
STREET ADDRESS 1521 PROVIDENCE RD.
CITY-ST-ZIP LAKELAND FL 33805

TITLE T ☐ Delete
NAME HAWK, MILDRED
STREET ADDRESS 932 W. 13TH STREET
CITY-ST-ZIP LAKELAND FL 33805

TITLE D ☐ Delete
NAME CAMPBELL, REUBEN
STREET ADDRESS 1332 N. THOMPSON AVE.
CITY-ST-ZIP LAKELAND FL 33805

TITLE D ☐ Delete
NAME JOHNSON, JAMES
STREET ADDRESS 1716 BUSH AVE.
CITY-ST-ZIP LAKELAND FL 33805

TITLE T ☐ 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 ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Donald A. Henderson, Secretary

7/25/07 863-682-6494