

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724027

FILED  
Jan 22, 2009  
Secretary of State

**Entity Name:** FIRST BAPTIST INSTITUTIONAL CHURCH, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 1186  
LAKELAND, FL 33805 US

**New Mailing Address:**

**FEI Number:** 59-1359754

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: CD ( ) Delete  
Name: FIELDS, ROBERT  
Address: 1436 N. WEBSTER AVE.  
City-St-Zip: LAKELAND, FL 33805

Title: D ( ) Delete  
Name: ALEX HARPER, SR. PASTOR  
Address: 1521 PROVIDENCE RD.  
City-St-Zip: LAKELAND, FL 33805

Title: T ( ) Delete  
Name: HAWK, MILDRED  
Address: 932 W. 13TH STREET  
City-St-Zip: LAKELAND, FL 33805

Title: D ( ) Delete  
Name: CAMPBELL, REUBEN  
Address: 1332 N. THOMPSON AVE.  
City-St-Zip: LAKELAND, FL 33805

Title: D ( ) Delete  
Name: JOHNSON, JAMES  
Address: 1716 BUSH AVE.  
City-St-Zip: LAKELAND, FL 33805

Title: T ( ) Delete  
Name: FIELDS, GOW B  
Address: 229 NORTH FLORIDA AVENUE  
City-St-Zip: LAKELAND, FL 33801

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BEVERLY A. HENDERSON, SECRETARY

SECT

01/22/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date