2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

LAKELAND FL 33805

3. Mailing Address

City & State

POST OFFICE BOX 1186

Suite, Apt. #, etc

DOCUMENT # 724027

1. Entity Name

Principal Place of Business

2. Principal Place of Business

1521 PROVIDENCE RD. LAKELAND FL 33805

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

LAKELAND FL 33805

932 MARTIN LUTHER KING JR. AVENUE

FIRST BAPTIST INSTITUTIONAL CHURCH, INC.

Country



FILED Jan 17, 2003 8:00 am **Secretary of State**

01-17-2003 90123 024 ****61.25

90005026



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-1359754 Applied For Not Applicable

\$8.75 Additional 5. Certificate of Status Desired \square Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent REV. ALEX HARPER, SR. PASTOR

Street Address (P.O. Box Number is Not Acceptable)

City 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.

Country

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

Florida Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 Enrl Bostic, I 312 E. Lone St. CD TITLE ☐ Delete TITLE **⊥** ⊀0dition FIELDS, ROBERT NAME STREET ADDRESS 1436 N. WEBSTER AVE. STREET ADDRESS Lakeland Fla. CITY-ST-ZIE LAKELAND FL 33805 CITY-ST-ZIP TITLE Delroy Divon 4730 Holton Rd. Puburndale, Fl ☐ Delete TITLE ☐ Change Addition ALEX HARPER, SR. PASTOR NAME NAME STREET ADDRESS 1521 PROVIDENCE RD. STREET ADDRESS CITY-ST-ZIP LAKELAND FL 33805 CITY-ST-ZIP ☐ Delete TITLE Change — Addition **NESBITT, JESSE** NAME NAME STREET ADDRESS 617 W. 12 ST. STREET ADDRESS CITY-ST-7IP LAKELAND FL 33805 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition CAMPBELL, REUBEN NAME NAME STREET ADDRESS 1332 N. THOMPSON AVE. STREET ADDRESS CITY-ST-ZIP LAKELAND FL 33805 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition JOHNSON, JAMES NAME NAME STREET ADDRESS 1716 BUSH AVE. STREET ADDRESS CITY-ST-ZIP LAKELAND FL 33805 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition REED, JOSEPH T STREET ADDRESS 124 EMMA ST. STREET ADDRESS CITY-ST-ZIP LAKELAND FL 33801 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.