2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# N05000005908

Entity Name: FIRST INSTITUTIONAL MISSIONARY BAPTIST CHURCH, INC.

Current Principal Place of Business:

205 D STREET
LAKE WALES, FL 33853

New Principal Place of Business:

Current Mailing Address:

205 D STREET
LAKE WALES, FL 33853

New Mailing Address:

FEI Number: 20-2989090 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PIERCE, JOSEPH J SR
205 D STREET
LAKE WALES, FL 33853 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: D ( ) Delete
Name: PIERCE, JOSEPH J SR
Address: 205 D STREET
City-St-Zip: LAKE WALES, FL 33853

Title: D ( ) Delete
Name: MACK, JEROME
Address: 421 PEARL STREET
City-St-Zip: LAKE WALES, FL 33853

Title: D ( ) Delete
Name: COLVIN, DONNIE
Address: 602 DR JA WILTSHIRE AVE
City-St-Zip: LAKE WALES, FL 33853

Title: D ( ) Delete
Name: LINK, EDWARD
Address: 6428 NALCREST ROAD SUITE 45F
City-St-Zip: NALCREST, FL 33856

Title: D ( ) Delete
Name: MINTON, NATHAN
Address: 405 E STREET
City-St-Zip: LAKE WALES, FL 33853

Title: D ( ) Delete
Name: ANDREWS, FREDDIE
Address: 465 KING STREET
City-St-Zip: LAKE WALES, FL 33853

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change ( ) Addition
Name: COLVIN, DONNIE
Address: 602 DR J A WILTSHIRE AVENUE
City-St-Zip: LAKE WALES, FL 33853

Title: D (X) Change ( ) Addition
Name: MARCUS, MARK
Address: 4618 WHITING DRIVE
City-St-Zip: SEBRING, FL

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: JEROME MACK D 04/20/2009

Electronic Signature of Signing Officer or Director — Date