

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

APPROVED AND FILED

95 APR 27 AM 10: 23

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



**FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS**

DOCUMENT # 707147 (5)
1. Corporation Name
BLESSED ASSURANCE TEMPLE INCORPORATED

Principal Place of Business Mailing Address
1245 S. MCADOO AVE BARTOW FL 33830 US
C/O PRESTON EDWARDS 1230 S MCADOO AVE BARTOW FL 33830

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/14/1964	3a. Date of Last Report 04/12/1994
4. FBI Number 59-2607990	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.002, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	26. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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9. Name and Address of Current Registered Agent
**EDWARDS, PRESTON R
1230 S MCADOO AVE
BARTOW FL 33830**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	FL
85. Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	HENSON, MARK
STREET ADDRESS	1365 E. STUART ST.
CITY - ST - ZIP	BARTOW, FL 00000
TITLE	PD
NAME	EDWARDS, PRESTON R
STREET ADDRESS	1230 S MCADOO
CITY - ST - ZIP	BARTOW, FL 00000
TITLE	S
NAME	NOOE, BARBARA
STREET ADDRESS	6832 LEMON TREE DR.
CITY - ST - ZIP	LAKELAND FL
TITLE	V
NAME	VICKERS, DAVID L.
STREET ADDRESS	1135 WEST CLINTON
CITY - ST - ZIP	BARTOW, FL 00000
TITLE	D
NAME	LUCIUS, MARTY D.
STREET ADDRESS	1270 S. KISSINGEN AVE.
CITY - ST - ZIP	BARTOW FL
TITLE	AT
NAME	VICKERS, SHEREE L
STREET ADDRESS	1135 W CLINTON
CITY - ST - ZIP	BARTOW FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	CLARK, CHARLOTTE Y.	
1.3 STREET ADDRESS	1050 W. TURNER ST.	
1.4 CITY - ST - ZIP	BARTOW, FL 33830	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Preston R. Edwards **Preston R. Edwards** 4/23/95 813-533-2733
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Title) (Phone)