

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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



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

3. Date Incorporated or Qualified: **04/14/1964**
3a. Date of Last Report: **04/27/1995**
4. FEI Number: **59-2607990** Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

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
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	HENSON, MARK
STREET ADDRESS	1865 E. STUART ST.
CITY - ST - ZIP	BARTOW, FL 00000
TITLE	PD <input type="checkbox"/> DELETE
NAME	EDWARDS, PRESTON R
STREET ADDRESS	1230 S MCADOO
CITY - ST - ZIP	BARTOW, FL 00000
TITLE	S <input type="checkbox"/> DELETE
NAME	NOOE, BARBARA
STREET ADDRESS	6632 LEMON TREE DR.
CITY - ST - ZIP	LAKELAND FL
TITLE	V <input type="checkbox"/> DELETE
NAME	VICKERS, DAVID L.
STREET ADDRESS	1135 WEST CLINTON
CITY - ST - ZIP	BARTOW, FL 00000
TITLE	D <input type="checkbox"/> DELETE
NAME	LUCKUS, MARTY D.
STREET ADDRESS	1270 S. KISSINGEN AVE.
CITY - ST - ZIP	BARTOW FL
TITLE	AT <input type="checkbox"/> DELETE
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	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Cochenour, Calvin
1.3 STREET ADDRESS	1205 Johnson Ave. S.
1.4 CITY - ST - ZIP	Bartow, FL 33830
2.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Clark, Charlotte Y.
2.3 STREET ADDRESS	1050 W. Turner St.
2.4 CITY - ST - ZIP	Bartow, FL 33830
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 119.07(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 Edwards **Preston Edwards** 4-16-96 941-533-2733
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)