


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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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 33830-6846
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3. Date Incorporated or Qualified 04/14/1964	3a. Date of Last Report 04/24/1996
4. FEI 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

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
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	T <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COCHENOUR, CALVIN	1.2 NAME	CLARK, CHARLOTTE Y.
STREET ADDRESS	1205 JOHNSON AVE S	1.3 STREET ADDRESS	1050 W. TURNER STR.
CITY-ST-ZIP	BARTOW, FL 00000	1.4 CITY-ST-ZIP	BARTOW, FL 33830
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARDS, PRESTON R	2.2 NAME	
STREET ADDRESS	1230 S MCADOO	2.3 STREET ADDRESS	
CITY-ST-ZIP	BARTOW, FL 00000	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOOE, BARBARA	3.2 NAME	
STREET ADDRESS	6632 LEMON TREE DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VICKERS, DAVID L.	4.2 NAME	
STREET ADDRESS	1135 WEST CLINTON	4.3 STREET ADDRESS	
CITY-ST-ZIP	BARTOW, FL 00000	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUCIUS, MARTY D.	5.2 NAME	
STREET ADDRESS	1270 S. KISSINGEN AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	BARTOW FL	5.4 CITY-ST-ZIP	
TITLE	AT <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VICKERS, SHEREE L	6.2 NAME	
STREET ADDRESS	1135 W CLINTON	6.3 STREET ADDRESS	
CITY-ST-ZIP	BARTOW FL	6.4 CITY-ST-ZIP	

14. I do 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 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.

CR2E037 (9/96)