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Apr 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 G/O PRESTON EDWARDS 1230 S MCADOO AVE BARTOW FL 33830
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21 2. Principal Place of Business	2a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24 Country	29 Zip
25 Country	30 Country

3. Date Incorporated or Qualified 04/14/1964	
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	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

TITLE	D	<input type="checkbox"/> DELETE
NAME	COCHENOUR, CALVIN	
STREET ADDRESS	1205 JOHNSON AVE S	
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	8832 LEMON TREE DR.	
CITY - ST - ZIP	LAKELAND FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	VCKERS, DAVID L.	
STREET ADDRESS	1135 WEST CLINTON	
CITY - ST - ZIP	BARTOW, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LUCIUS, MARTY D.	
STREET ADDRESS	1270 S. KISSINGEN AVE.	
CITY - ST - ZIP	BARTOW FL	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	VCKERS, 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 type="checkbox"/> Addition
1.2 NAME	CHARLOTTE Y. CLARK	
1.3 STREET ADDRESS	1050 W. TURNER STREET	
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 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.

SIGNATURE: *Preston Edwards* **PRESTON EDWARDS** 4-23-98 941-533-2733

CR2E037 (10/97)