

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 707147

1. Entity Name

BLESSED ASSURANCE TEMPLE INCORPORATED

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90010 041 ****61.25

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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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

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. Name and Address of Current Registered Agent

EDWARDS, PRESTON R
1230 S MCADOO AVE
BARTOW FL 33830

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

8. 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE	T <input type="checkbox"/> Delete
NAME	CLARK, CHARLOTTE Y.
STREET ADDRESS	1050 W TURNER ST
CITY-ST-ZIP	BARTOW FL 33830
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	LUCIUS, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TOLLEY, JR., VINCE
STREET ADDRESS	380 INDICA CT.
CITY-ST-ZIP	BARTOW, FL 33830
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Preston Edwards **PRESTON EDWARDS** 4/26/2000 (863) 533-2733
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #