

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State

0066370

DOCUMENT # 707147

1. Entity Name

BLESSED ASSURANCE TEMPLE INCORPORATED

04-30-2001 90087 049 ****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
--	---



DO NOT WRITE IN THIS SPACE

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

4. FEI Number 59-2607990	Applied For <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

Zip	Country	Zip	Country
-----	---------	-----	---------

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

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

T CLARK, CHARLOTTE Y. 1050 W TURNER ST BARTOW FL 33830	<input type="checkbox"/> Delete
PD EDWARDS, PRESTON R 1230 S MCADOO BARTOW, FL 00000	<input type="checkbox"/> Delete
S NOOE, BARBARA 6632 LEMON TREE DR. LAKELAND FL	<input type="checkbox"/> Delete
V VICKERS, DAVID L. 1135 WEST CLINTON BARTOW, FL 00000	<input type="checkbox"/> Delete
D LUCIUS, MARTY D. 1270 S. KISSINGEN AVE. BARTOW FL	<input type="checkbox"/> Delete
AT VICKERS, SHEREE L 1135 W CLINTON BARTOW FL	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

D CURRIE, JR., BOBBY J. 948 SHADY LANE BARTOW, FL 33830	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Charlotte Y. Clark* **Charlotte Y. Clark, Treasurer** **863/499-5557**
 4/24/01
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)