

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 26, 2004
Secretary of State**

DOCUMENT# 707147

Entity Name: BLESSED ASSURANCE TEMPLE INCORPORATED

Current Principal Place of Business:

1245 S. MCADOO AVE.
BARTOW, FL 33830 US

New Principal Place of Business:

Current Mailing Address:

C/O PRESTON EDWARDS
1230 S MCADOO AVE
BARTOW, FL 33830

New Mailing Address:

FEI Number: 59-2607990 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EDWARDS,PRESTON R
1230 S MCADOO AVE
BARTOW, FL 33830

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: CLARK, CHARLOTTE Y.
Address: 1050 W TURNER ST
City-St-Zip: BARTOW, FL 33830

Title: PD () Delete
Name: EDWARDS, PRESTON R,
Address: 1230 S MCADOO
City-St-Zip: BARTOW, FL

Title: S () Delete
Name: WIGGINS, REBECCA L
Address: 335 W. PEARL ST.
City-St-Zip: BARTOW, FL 33830

Title: V () Delete
Name: VICKERS, DAVID L.,
Address: 1135 WEST CLINTON
City-St-Zip: BARTOW, FL

Title: D () Delete
Name: LUCIUS, MARTY D.,
Address: 1270 S. KISSINGEN AVE.
City-St-Zip: BARTOW, FL

Title: AT () Delete
Name: VICKERS, SHEREE L,
Address: 1135 W CLINTON
City-St-Zip: BARTOW, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: EDWARDS, PRESTON R,
Address: 1230 S MCADOO
City-St-Zip: BARTOW, FL 33830

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLOTTE Y. CLARK

T

04/26/2004

Electronic Signature of Signing Officer or Director

Date

WIGGINS, RYAN L.
335 W. PEARL ST.
BARTOW, FL 33830