## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 707147** 

FILED Apr 26, 2005 Secretary of State

Entity Name: BLESSED ASSURANCE TEMPLE INCORPORATED

Current Principal Place of Business: New Principal Place of Business:

1245 S. MCADOO AVE. BARTOW, FL 33830 US

Current Mailing Address: New Mailing Address:

C/O PRESTON EDWARDS

1230 S MCADOO AVE

BARTOW, FL 33830

C/O MATTHEW CLARK
1230 S MCADOO AVE
BARTOW, FL 33830

BARTOW, FL 33830

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

EDWARDS,PRESTON R

1230 S MCADOO AVE

BARTOW, FL 33830 US

CLARK, MATTHEW P

1230 S MCADOO AVE

BARTOW, FL 33830 US

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: MATTHEW P. CLARK 04/26/2005

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T ( ) Delete Title: T (X) Change ( ) Addition Name: CLARK, CHARLOTTE Y. Name: CLARK, CHARLOTTE Y

 Name:
 CLARK, CHARLOTTE T.

 Address:
 1050 W TURNER ST
 Address:
 1695 S EMERSON AVE

 City-St-Zip:
 BARTOW, FL 33830
 City-St-Zip:
 BARTOW, FL 33830

Title: PD ( ) Delete Title: PD (X) Change ( ) Addition

 Name:
 EDWARDS, PRESTON R,
 Name:
 CLARK, MATTHEW P

 Address:
 1230 S MCADOO
 Address:
 1230 S MCADOO

 City-St-Zip:
 BARTOW, FL 33830
 City-St-Zip:
 BARTOW, FL 33830

Title: S () Delete Title: () Change () Addition Name: WIGGINS, REBECCA L Name:

 Name
 Wildsins, Resectat
 Name.

 Address:
 335 W. PEARL ST.
 Address:

 City-St-Zip:
 BARTOW, FL 33830
 City-St-Zip:

Title: V ( ) Delete Title: V (X) Change ( ) Addition Name: VICKERS, DAVID L., Name: VICKERS, DAVID L

 Name:
 VICKERS, DAVID L.,
 Name:
 VICKERS, DAVID L.

 Address:
 1135 WEST CLINTON
 Address:
 1135 WEST CLINTON

 City-St-Zip:
 BARTOW, FL
 33830

Title: D ( ) Delete Title: D (X) Change ( ) Addition

 Name:
 LUCIUS, MARTY D.,
 Name:
 LUCIUS, MARTY D.

 Address:
 1270 S. KISSINGEN AVE.
 Address:
 1270 S. KISSINGEN AVE.

 City-St-Zip:
 BARTOW, FL
 City-St-Zip:
 BARTOW, FL 33830

Title: AT () Delete Title: AT (X) Change () Addition

 Name:
 VICKERS, SHEREE L,
 Name:
 VICKERS, SHEREE L

 Address:
 1135 W CLINTON
 Address:
 1135 WEST CLINTON

 City-St-Zip:
 BARTOW, FL
 City-St-Zip:
 BARTOW, FL 33830

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 04/26/2005