

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707147

FILED
May 01, 2007
Secretary of State

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 MATTHEW CLARK
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 ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

CLARK, MATTHEW P
1230 S MCADOO AVE
BARTOW, FL 33830 US

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: 1695 S EMERSON AVE
City-St-Zip: BARTOW, FL 33830 US

Title: PD () Delete
Name: CLARK, MATTHEW P
Address: 1230 S MCADOO
City-St-Zip: BARTOW, FL 33830 US

Title: S () Delete
Name: WIGGINS, REBECCA L
Address: 838 S HENDRY
City-St-Zip: FT MEADE, FL 33841 US

Title: V () Delete
Name: VICKERS, DAVID L
Address: 1135 WEST CLINTON
City-St-Zip: BARTOW, FL 33830 US

Title: D () Delete
Name: LUCIUS, MARTY D
Address: 1270 S. KISSINGEN AVE.
City-St-Zip: BARTOW, FL 33830 US

Title: AT () Delete
Name: VICKERS, SHEREE L
Address: 1135 WEST CLINTON
City-St-Zip: BARTOW, FL 33830 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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
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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 exemption stated in Chapter 119, 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

05/01/2007

Electronic Signature of Signing Officer or Director

Date