


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 8:00 am
Secretary of State

04-30-2008 90190 022 ****61.25

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DOCUMENT # 707147					
1. Entity Name BLESSED ASSURANCE TEMPLE INCORPORATED					
Principal Place of Business 1245 S. MCADOO AVE. BARTOW, FL 33830 US		Mailing Address C/O MATTHEW CLARK 1230 S MCADOO AVE BARTOW, FL 33830			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2607990	
Applied For		Not Applicable			
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CLARK, MATTHEW P 1230 S MCADOO AVE BARTOW, FL 33830			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	T	<input type="checkbox"/> Delete	TITLE	V/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLARK, CHARLOTTE Y		NAME	Ryan L. Wiggins	
STREET ADDRESS	1695 S EMERSON AVE		STREET ADDRESS	838 S. Hendry	
CITY-ST-ZIP	BARTOW, FL 33830		CITY-ST-ZIP	Ft. Meade, FL 33841	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLARK, MATTHEW P		NAME	Raymond T. Forrister	
STREET ADDRESS	1230 S MCADOO		STREET ADDRESS	740 Grace Ct.	
CITY-ST-ZIP	BARTOW, FL 33830		CITY-ST-ZIP	Bartow, FL 33830	
TITLE	S	<input type="checkbox"/> Delete	TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIGGINS, REBECCA L		NAME	Charlotte Y. Clark	
STREET ADDRESS	838 S HENDRY		STREET ADDRESS	1695 S. Emerson Ave	
CITY-ST-ZIP	FT MEADE, FL 33841		CITY-ST-ZIP	Bartow, FL 33830	
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VICKERS, DAVID L		NAME	Rebecca L. Wiggins	
STREET ADDRESS	1135 WEST CLINTON		STREET ADDRESS	838 S. Hendry	
CITY-ST-ZIP	BARTOW, FL 33830		CITY-ST-ZIP	Ft. Meade, FL 33841	
TITLE	D	<input type="checkbox"/> Delete	TITLE	AT/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUCIUS, MARTY D		NAME	Sheree L. Vickers	
STREET ADDRESS	1270 S. KISSINGEN AVE.		STREET ADDRESS	1135 W. Clinton	
CITY-ST-ZIP	BARTOW, FL 33830		CITY-ST-ZIP	Bartow, FL 33830	
TITLE	AT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VICKERS, SHEREE L		NAME		
STREET ADDRESS	1135 WEST CLINTON		STREET ADDRESS		
CITY-ST-ZIP	BARTOW, FL 33830		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>Charlotte Y. Clark</i> Charlotte Y. Clark		Date: 4/29/08		Daytime Phone #: (863) 512-0071	