

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707147

FILED  
Apr 29, 2009  
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 ( )

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

Title: ATD ( ) Delete  
Name: VICKERS, SHEREE L  
Address: 1135 W CLINTON  
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

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**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: ATD (X) Change ( ) Addition  
Name: PARKINS, JEANETTE K  
Address: 960 S ORANGE AVE  
City-St-Zip: BARTOW, FL 33830 US

Title: VD (X) Change ( ) Addition  
Name: WIGGINS, RYAN L  
Address: 838 S HENDRY  
City-St-Zip: FT MEADE, FL 33841 US

Title: D ( ) Change (X) Addition  
Name: LUCIUS, MARTY D  
Address: 1270 S KISSINGEN AVE  
City-St-Zip: BARTOW, FL 33830

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

TD

04/29/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date