

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707147

FILED  
Apr 29, 2011  
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  
Name: CLARK, CHARLOTTE Y  
Address: 1695 S EMERSON AVE  
City-St-Zip: BARTOW, FL 33830 US

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

Title: SD  
Name: FORRISTER, MEGHAN D  
Address: 740 GRACE CT  
City-St-Zip: BARTOW, FL 33830 US

Title: ATD  
Name: CLARK, RUBY G  
Address: 1695 S EMERSON AVE  
City-St-Zip: BARTOW, FL 33830 US

Title: VD  
Name: CLARK, CHRISTOPHER J  
Address: 1695 S EMERSON AVE  
City-St-Zip: BARTOW, FL 33830 US

Title: D  
Name: FORRISTER, RAYMOND T  
Address: 740 GRACE CT  
City-St-Zip: BARTOW, FL 33830

I hereby 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 all other like empowered.

SIGNATURE: CHARLOTTE Y. CLARK

TD

04/29/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date