

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 707147

FILED
Apr 30, 2012
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 AVE
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: 1921 GRIFFINS GREEN DR
City-St-Zip: BARTOW, FL 33830 US

Title: VD
Name: CLARK, CHRISTOPHER J
Address: 1921 GRIFFINS GREEN DR
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

04/30/2012

Electronic Signature of Signing Officer or Director

_____ Date