

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 707147

**Entity Name:** BLESSED ASSURANCE TEMPLE INCORPORATED

**Current Principal Place of Business:**

1245 S. MCADOO AVE.  
BARTOW, FL 33830

**Current Mailing Address:**

C/O MATTHEW CLARK  
1230 S MCADOO AVE  
BARTOW, FL 33830

**FEI Number:** 59-2607990

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

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

*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

**Officer/Director Detail :**

Title TD  
Name CLARK, CHARLOTTE Y  
Address 1695 S EMERSON AVE  
City-State-Zip: BARTOW FL 33830

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

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

Title ATD  
Name CLARK, RUBY G  
Address 1921 GRIFFINS GREEN DR  
City-State-Zip: BARTOW FL 33830

Title VD  
Name CLARK, CHRISTOPHER J  
Address 1921 GRIFFINS GREEN DR  
City-State-Zip: BARTOW FL 33830

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

Title D  
Name ALDERMAN, OSCAR  
Address 3325 HWY 98 S  
LOT 8  
City-State-Zip: LAKELAND FL 33803

*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

04/30/2015

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date