

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$305)

NONPROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
 Sandra B. Moriham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED

1995 JUL 20 AM 10:18

TALLAHASSEE, FLORIDA

DOCUMENT # N50057 (1)

1. Corporation Name
THE UNITED GOSPEL SINGERS ASSOCIATION, INCORPORATED

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
 1637 E 20 ST JACKSONVILLE FL 32206

3. Date Incorporated or Qualified **07/27/1992** 3a. Date of Last Report **08/15/1994**
 4. FEI Number **59-3154666** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
 21 *Bishop William White* 26 *1637 E 20 ST*
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 *Jacksonville Fla* 28
 City State Zip Country
 24 *32206* 25 29 30

5. Certificate of Status Desired \$8.75 Additional Fee Required
 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **FILING FEE IS \$61.25**
 8. This corporation has liability for intangible tax under s. 199.039 Florida Statutes Yes No

9. Name and Address of Current Registered Agent
WHITE, BISHOP WILLIAM
1637 EAST 20TH STREET
JACKSONVILLE FL 32206

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Bishop William White* (DATE)
 Signature typed or printed name of new agent and title if applicable (Date of Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS

TITLE	VP
NAME	HARRIS, JOSEPH A REV
STREET ADDRESS	4828 CLYDE DR
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	D
NAME	STREETER, WILLIE D
STREET ADDRESS	2328 LOOKING GLASS LANE
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	D
NAME	PRATER, ROBERT D
STREET ADDRESS	4825 BOOKER ST
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	D
NAME	CREWS, JOSEPH B
STREET ADDRESS	1995 WESTCOTT ST
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	BD
NAME	BROWN, BEATRICE
STREET ADDRESS	1203 EAST 30TH STREET
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	D
NAME	THOMAS, GEORGE B
STREET ADDRESS	3526 BOUGAINVILLE ST
CITY-ST-ZIP	JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<i>32209</i>	
13 STREET ADDRESS	<i>Joseph Crews 1995 Westcott</i>	
14 CITY-ST-ZIP	<i>32209</i>	
21 TITLE	<i>D</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	<i>Willie D Streeter</i>	
23 STREET ADDRESS	<i>2328 Looking Glass Lane</i>	
24 CITY-ST-ZIP	<i>Jacksonville FL</i>	
31 TITLE	<i>D</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	<i>Robert D Prater</i>	
33 STREET ADDRESS	<i>4825 Booker St</i>	
34 CITY-ST-ZIP	<i>Jacksonville FL</i>	
41 TITLE	<i>D</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	<i>Joseph B Crews</i>	
43 STREET ADDRESS	<i>1995 Westcott St</i>	
44 CITY-ST-ZIP	<i>Jacksonville FL</i>	
51 TITLE	<i>D</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	<i>Beatrice Brown</i>	
53 STREET ADDRESS	<i>1203 East 30th Street</i>	
54 CITY-ST-ZIP	<i>Jacksonville FL</i>	
61 TITLE	<i>D</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	<i>George B Thomas</i>	
63 STREET ADDRESS	<i>3526 Bougainville St</i>	
64 CITY-ST-ZIP	<i>Jacksonville FL</i>	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Bishop William White* 7-10-95
 Signature typed or printed name of signing officer or director Date

CR2E037 (3/95)