

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
**1998 6**



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

DOCUMENT # **N50057 (1)**

1. Corporation Name

**THE UNITED GOSPEL SINGERS ASSOCIATION, INCORPORATED**

Principal Place of Business

Mailing Address

1637 E 20 ST  
JACKSONVILLE FL 32206

1637 E 20 ST  
JACKSONVILLE FL 32206

DO NOT WRITE IN THIS SPACE

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 Suite, Apt. #, etc.

25 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

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  **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WHITE, BISHOP WILLIAM  
1637 EAST 20TH STREET  
JACKSONVILLE FL 32206**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
**5.00001862535  
-06/14/96--01071--038  
\*\*\*61.25**  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Bishop William White President*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VP	Delete
NAME	HARRIS, JOSEPH A REV	
STREET ADDRESS	4828 CLYDE DR	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	D	Delete
NAME	STREETER, WILLIE D	
STREET ADDRESS	2328 LOOKING GLASS LANE	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	D	Delete
NAME	PRATER, ROBERT D	
STREET ADDRESS	4825 BOOKER ST	
CITY - ST - ZIP	JACKSONVILLE FL	
TITLE	D	Delete
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	Delete
NAME	THOMAS, GEORGE B	
STREET ADDRESS	3526 BOUGAINVILLE ST	
CITY - ST - ZIP	JACKSONVILLE FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>VP Bishop William White</b>
1.3 STREET ADDRESS	<b>1637 E 20th St</b>
1.4 CITY - ST - ZIP	<b>1637 JAK FLA 32206</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>VP Joseph Crews</b>
2.3 STREET ADDRESS	<b>1993 W 20th St</b>
2.4 CITY - ST - ZIP	<b>JAK FLA 32209</b>
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>D Willie Kirkland</b>
3.3 STREET ADDRESS	<b>9434 Devonshire Blvd</b>
3.4 CITY - ST - ZIP	<b>JAK FLA 32208</b>
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>D Rev George Curry</b>
4.3 STREET ADDRESS	<b>1463 W 18th St</b>
4.4 CITY - ST - ZIP	<b>JACKSONVILLE FLA 32209</b>
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>D Louise McCloud</b>
5.3 STREET ADDRESS	<b>3184 Brasque Dr</b>
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>D Carolyn Pittman</b>
6.3 STREET ADDRESS	<b>4224 McDaniel Rd</b>
6.4 CITY - ST - ZIP	<b>5/1/98</b>

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 119.07(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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*904/247-2117*