

FILE NOW: FILING FEE IS \$61.25

FILED

May 19 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N50057 (1)**

1. Corporation Name  
**THE UNITED GOSPEL SINGERS ASSOCIATION, INCORPORATED**



Principal Place of Business <b>1637 E. 20TH STREET JACKSONVILLE FL 32206 US</b>	Mailing Address <b>1637 E 20 ST JACKSONVILLE FL 32206</b>
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3. Date Incorporated or Qualified <b>07/27/1992</b>	
4. FEI Number <b>59-3154666</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable

2. Principal Place of Business <b>21 Bishop W. White</b>	2a. Mailing Address <b>26 1637 E. 20th</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State <b>23 Jacksonville Fla.</b>	City & State
Zip <b>24 32206</b>	Country <b>29 30</b>

5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>WHITE, WILLIAM BISHOP</b>	
STREET ADDRESS	<b>1637 E. 20TH STREET</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32206</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> DELETE
NAME	<b>CREWS, JOSEPH</b>	
STREET ADDRESS	<b>1993 E. 20TH STREET</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32206</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>KIRKLAND, WILLIE</b>	
STREET ADDRESS	<b>9434 DEVSHIOR BLVD.</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32208</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>CURRY, GEORGE REV.</b>	
STREET ADDRESS	<b>12436 WEST 18TH STREET</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32209</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BROWN, BEATRICE</b>	
STREET ADDRESS	<b>1203 EAST 30TH STREET</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>PITTMAN, CAROLYN</b>	
STREET ADDRESS	<b>4224 MCDANIEL RD.</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>President</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Bishop William White</b>	
1.3 STREET ADDRESS	<b>1637 E. 20th St</b>	
1.4 CITY-ST-ZIP	<b>Jacksonville Fla. 32206</b>	
2.1 TITLE	<b>VP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Joseph Crews</b>	
2.3 STREET ADDRESS	<b>1993 W. 20th St</b>	
2.4 CITY-ST-ZIP	<b>Jacksonville Fla. 32209</b>	
3.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Willie Kirkland</b>	
3.3 STREET ADDRESS	<b>4876 Clyde Dr.</b>	
3.4 CITY-ST-ZIP	<b>Jacksonville Fla 32209</b>	
4.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Rev George Curry</b>	
4.3 STREET ADDRESS	<b>12436 W. 18th St</b>	
4.4 CITY-ST-ZIP	<b>Jacksonville Fla 32209</b>	
5.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>Beatrice Brown</b>	
5.3 STREET ADDRESS	<b>1995 W. 20th St</b>	
5.4 CITY-ST-ZIP	<b>Jacksonville Fla. 32209</b>	
6.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>Carolyn Pittman</b>	
6.3 STREET ADDRESS	<b>4224 McDaniel Rd</b>	
6.4 CITY-ST-ZIP	<b>Jacksonville Fla. 32209</b>	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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* **4-28-98**

CR2E037 (10/97)