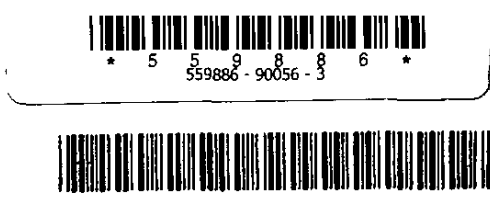


FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90126 040 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N50057
 1. Corporation Name
THE UNITED GOSPEL SINGERS ASSOCIATION, INCORPORATED



Principal Place of Business WHITE BISHOP, W 1637 E 20TH ST JACKSONVILLE FL 32206 US	Mailing Address 1637 E 20TH ST JACKSONVILLE FL 32206 US
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2. Principal Place of Business 21 <i>White Bishop W</i> Suits, Apt. #, etc.	2a. Mailing Address 26 <i>1637 E. 20th St</i> Suits, Apt. #, etc.	3. Date Incorporated or Qualified 07/27/1992
22 City & State	27 City & State	4. FEI Number 59-3154666 Applied For Not Applicable
23 Zip 32206	28 <i>Jacksonville, Fla</i> Zip 32206	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 Country	29 <i>Dual</i> Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P <input checked="" type="checkbox"/> DELETE	NAME WHITE, WILLIAM BISHOP	1.1 TITLE <i>White William Bishop</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1637 E. 20TH STREET	CITY-ST-ZIP JACKSONVILLE FL 32208	1.2 NAME <i>1637 E. 20th St</i>	
		1.3 STREET ADDRESS <i>Jacksonville Fla. 32206</i>	
		1.4 CITY-ST-ZIP	
TITLE VP <input checked="" type="checkbox"/> DELETE	NAME CREWS, JOSEPH	2.1 TITLE <i>Crews Joseph</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1993 W 20TH ST	CITY-ST-ZIP JACKSONVILLE FL 32209	2.2 NAME <i>1793 W. 20th</i>	
		2.3 STREET ADDRESS <i>Jacksonville Fla. 32209</i>	
		2.4 CITY-ST-ZIP	
TITLE D <input checked="" type="checkbox"/> DELETE	NAME KIRKLAND, WILLIE	3.1 TITLE SAMUEL HINSON <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 4020 CLYDE DR	CITY-ST-ZIP JACKSONVILLE FL 32209	3.2 NAME <i>1320 Broad St</i>	
		3.3 STREET ADDRESS JACKSONVILLE FLA 32202	
		3.4 CITY-ST-ZIP	
TITLE D <input checked="" type="checkbox"/> DELETE	NAME CURRY, GEORGE REV.	4.1 TITLE <i>Georgia Whitfield</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS 12436 WEST 18TH STREET	CITY-ST-ZIP JACKSONVILLE FL 32209	4.2 NAME <i>433 Marko Dr.</i>	
		4.3 STREET ADDRESS Atlantic Beach Fla 32233	
		4.4 CITY-ST-ZIP	
TITLE D <input type="checkbox"/> DELETE	NAME BROWN, BEATRICE	5.1 TITLE <i>Brown Beatrice</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 1995 W 20TH ST	CITY-ST-ZIP JACKSONVILLE FL 32209	5.2 NAME <i>1995 W. 20th St</i>	
		5.3 STREET ADDRESS Jacksonville Fla. 32209	
		5.4 CITY-ST-ZIP	
TITLE D <input type="checkbox"/> DELETE	NAME PITTMAN, CAROLYN	6.1 TITLE <i>Pittman Carolyn Carolyn</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 4224 MCDANIEL RD.	CITY-ST-ZIP JACKSONVILLE FL 32209	6.2 NAME <i>4224 McDaniel Rd</i>	
		6.3 STREET ADDRESS Jacksonville Fla. 32209	
		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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, with all other like empowered.

SIGNATURE: *Bishop William White* **SIGNATURE REQUIRED**
Signature and typed or printed name of signing officer or director
 Date: *5/22/99* 904-634 3112
Date Daytime Phone #

CR2E037 (11/98)