

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90072 012 ****61.25

DOCUMENT # **N50057**

1. Entity Name
The White Gospel Singers Association Incorporated
1637 E. 20th St
JACKSONVILLE FL 32206-3355 U.S.

Principal Place of Business Mailing Address
1256 McMillian St, P O Box 13117
JACKSONVILLE, FL 32209 JACKSONVILLE FLA 32206

2. Principal Place of Business 3. Mailing Address
Same Same

City & State City & State
JAX FLA JAX FLA

Zip Country Zip Country
32209 DUVAL 32206 DUVAL

4. FEI Number **59-315666** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

00040674

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent
 Name **Bishop William White**
 Street Address (P.O. Box Number is Not Acceptable) **1637 E 20th St**
 City **Jacksonville** FL Zip Code **32206**

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT <input type="checkbox"/> Delete Bishop William White 1637 East 20th St JACKSONVILLE FLA-32206
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete Vice President Deacon Joseph Crews 1995 W 20th St JACKSONVILLE FLA 32209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete Trustee Mrs BeATRICE ISHmeal 1997 W 20th St JACKSONVILLE FLA 32209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete Trustee Mrs CAROLYN PITTMAN 4224 Mc DANIEL ST JACKSONVILLE FLA 32209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete Trustee evangelist LAVERN MAPLE 3562 NANLY ST JACKSONVILLE FLA 32209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete Sec Rev Louise McCloud 3184 Brasque Dr JACKSONVILLE FLA 32209

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #