

2001 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
Jun 02, 2001 8:00 am
Secretary of State

05-10-2001 90171 025 ****61.25

DOCUMENT # N50057

1. Entity Name

THE UNITED GOSPEL SINGERS ASSOCIATION, INCORPORA

Principal Place of Business

~~4250 MCWILKIN ST~~
 JACKSONVILLE FL ~~32206~~
 US
306 EAST 8th

Mailing Address

P.O. BOX 13117
 JACKSONVILLE FL 32206
 US

74019



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

the Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Jacksonville Fla

4. FEI Number

59-3154666

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WHITE, BISHOP WILLIAM
~~1637 E. 20TH STREET~~
 JACKSONVILLE FL 32206

1950 PHENIX AVE 32206

Name *William Bishop White*
 Street Address (P.O. Box Number is Not Acceptable)

City *Jacksonville Fla* FL Zip Code

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

DATE *4-27-2001*

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** Delete
 NAME **WHITE, WILLIAM BISHOP**
 STREET ADDRESS **1637 E. 20TH STREET**
 CITY-ST-ZIP **JACKSONVILLE FL 32206**

TITLE **VP** Delete
 NAME **HINSON, SAMUEL**
 STREET ADDRESS **1330 BRAOD ST.**
 CITY-ST-ZIP **JACKSONVILLE FL 32202**

TITLE **D** Delete
 NAME ~~WHITFIELD, GEORGIA~~
 STREET ADDRESS **433 MAKI DR.**
 CITY-ST-ZIP **ATLANTIC BEACH FL 32233**

TITLE **D** Delete
 NAME ~~SHERY, GEORGE REV.~~
 STREET ADDRESS **12436 WEST 18TH STREET**
 CITY-ST-ZIP **JACKSONVILLE FL 32209**

TITLE **D** Delete
 NAME **BROWN, BEATRICE**
 STREET ADDRESS **1995 W 20TH ST**
 CITY-ST-ZIP **JACKSONVILLE FL 32209**

TITLE **D** Delete
 NAME **PITTMAN, CAROLYN**
 STREET ADDRESS **4224 MCDANIEL RD.**
 CITY-ST-ZIP **JACKSONVILLE FL 32209**

TITLE *vice president* Change Addition
 NAME *Joseph Crews*
 STREET ADDRESS *1995 W 20th St*
 CITY-ST-ZIP *Jacksonville Fla. 32209*

TITLE *Winder Samuel* Change Addition
 NAME *Winder Samuel*
 STREET ADDRESS *1330 Broad St*
 CITY-ST-ZIP *Jacksonville Fla 32202*

TITLE *Pittman Carolyn* Change Addition
 NAME *Pittman Carolyn*
 STREET ADDRESS *4224 MCDaniel Rd*
 CITY-ST-ZIP *Jacksonville Fla 32209*

TITLE *Brown Beatrice* Change Addition
 NAME *Brown Beatrice*
 STREET ADDRESS *1995 W 20th St*
 CITY-ST-ZIP *Jacksonville Fla. 32209*

TITLE *Kirkland Willie* Change Addition
 NAME *Kirkland Willie*
 STREET ADDRESS *3031 Imperial St*
 CITY-ST-ZIP *Jacksonville Fla 32264-0000*

TITLE *Del. Malcolm James* Change Addition
 NAME *Del. Malcolm James*
 STREET ADDRESS *3184 Brodque Dr*
 CITY-ST-ZIP *Jacksonville Fla. 32209*

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 REQUIRED** *Bishop William White*
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (10/00)