

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90093 032 ****70.00

DOCUMENT # N50057
 1. Entity Name
THE UNITED GOSPEL SINGERS ASSOCIATION, INCORPORATED



Principal Place of Business: **3500 N PEARL ST JACKSONVILLE FL 32206 US**
 Mailing Address: **P.O. BOX 13117 JACKSONVILLE FL 32206 US**

2. Principal Place of Business: **3500 N PEARL ST**
 Suite, Apt. #, etc.
 3. Mailing Address: **3500 N PEARL ST**
 Suite, Apt. #, etc.



MOORE CR2E037 (11/03)

City & State: **JACKSONVILLE FLA**
 Zip: **32206** Country
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 Zip: **32206** Country

4. FEI Number: **59-3154666** Applied For: Not Applicable
 5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
WHITE, BISHOP WILLIAM
3500 N PEARL ST
JACKSONVILLE FL 32206
-Has Deceased)

7. Name and Address of New Registered Agent
 Name: **Deacon Joseph Crews**
 Street Address (P.O. Box Number is Not Acceptable): **1995 W 20th ST**
 City: **JACKSONVILLE** FL Zip Code: **32209**

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. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE: Joseph E Crews
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE: P <input checked="" type="checkbox"/> Delete	NAME: WHITE, WILLIAM B STREET ADDRESS: P O BOX 13117 CITY-ST-ZIP: JACKSONVILLE FL 32206
TITLE: P D <input checked="" type="checkbox"/> Delete	NAME: HINSON, SAMUEL STREET ADDRESS: 133 BROAD ST CITY-ST-ZIP: JACKSONVILLE FL 32202
TITLE: D <input type="checkbox"/> Delete	NAME: PITTMAN, CAROLYN STREET ADDRESS: 4224 MCLAMILL RD. CITY-ST-ZIP: JACKSONVILLE FL 32209
TITLE: D <input type="checkbox"/> Delete	NAME: BROWN, BEATRICE STREET ADDRESS: 1995 W. 20TH ST. CITY-ST-ZIP: JACKSONVILLE FL 32209
TITLE: D <input type="checkbox"/> Delete	NAME: JEFFERSON, L C STREET ADDRESS: 4224 MC DANIEL RD CITY-ST-ZIP: JACKSONVILLE FL 32209
TITLE: D <input checked="" type="checkbox"/> Delete	NAME: CREWS, JOSEPH STREET ADDRESS: 1995 W 20TH ST CITY-ST-ZIP: JACKSONVILLE FL 32209

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: President <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: Joseph crews STREET ADDRESS: 1995 W 20th ST CITY-ST-ZIP: JACKSONVILLE FLA 32209
TITLE: D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME: Hinson Samuel STREET ADDRESS: 133 BROAD ST CITY-ST-ZIP: JACKSONVILLE FL 32202
TITLE: P <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: V.P. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: Minster Clarence S. Johnson STREET ADDRESS: 8874 Sibbald Blvd CITY-ST-ZIP: Jacksonville, Fla 32208

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: Louise McNeal Secretary 4-14-04 904-374-5522
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #