

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50057

FILED  
Mar 02, 2007  
Secretary of State

**Entity Name:** THE UNITED GOSPEL SINGERS ASSOCIATION, INCORPORATED

**Current Principal Place of Business:**

3184 BRASQUE DRIVE  
JACKSONVILLE, FL 32209 US

**New Principal Place of Business:**

**Current Mailing Address:**

3184 BRASQUE DRIVE  
JACKSONVILLE, FL 32209 US

**New Mailing Address:**

FEI Number: 59-3154666      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CREWS, JOSEPH DEACON  
1995 W 20TH ST.  
JACKSONVILLE, FL 32209 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: CREWS, JOSEPH  
Address: 1995 W 20TH ST.  
City-St-Zip: JACKSONVILLE, FL 32209 US

Title: D ( ) Delete  
Name: HINSON, SAMUEL  
Address: 133 BROAD ST  
City-St-Zip: JACKSONVILLE, FL 32202

Title: D ( ) Delete  
Name: PITTMAN, CAROLYN  
Address: 4224 MCLAMILL RD.  
City-St-Zip: JACKSONVILLE, FL 32209

Title: D ( ) Delete  
Name: BROWN, BEATRICE  
Address: 1995 W. 20TH ST.  
City-St-Zip: JACKSONVILLE, FL 32209

Title: D ( ) Delete  
Name: JEFFERSON, L C  
Address: 4224 MC DANIEL RD  
City-St-Zip: JACKSONVILLE, FL 32209

Title: VP ( ) Delete  
Name: JOHNSON, CLARENCE S MINS.  
Address: 8874 SIBBALD BLVD.  
City-St-Zip: JACKSONVILLE, FL 32208 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHNSON, C. S.

VP

03/02/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date