

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50057

FILED
Mar 03, 2008
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 (X)

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
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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 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: CLARENCE S. JOHNSON

VP

03/03/2008

Electronic Signature of Signing Officer or Director

_____ Date