


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 12, 2003 8:00 am
Secretary of State

04-23-2003 90134 043 ****61.25

DOCUMENT # N50057

1. Entity Name
THE UNITED GOSPEL SINGERS ASSOCIATION, INCORPORATED



Principal Place of Business: 1631 W 23RD ST, JACKSONVILLE FL 32209, US
Mailing Address: P.O. BOX 13117, JACKSONVILLE FL 32206, US

55039710

2. Principal Place of Business: *JACKSONVILLE*
3500 N PEARL ST FL
Zip: *32206*
3. Mailing Address: Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

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

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
~~P.O. BOX 13117~~
JACKSONVILLE FL 32206

Bishop William White
3500 N. PEARL ST
JACKSONVILLE, FLA
32206

7. Name and Address of New Registered Agent
Name: _____
Street Address (P.O. Box Number is Not Acceptable): _____
City: _____ State: **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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *President Bishop William White*
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

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 type="checkbox"/> Delete
NAME	WHITE, WILLIAM B	
STREET ADDRESS	P O BOX 13117	
CITY-ST-ZIP	JACKSONVILLE FL 32206	
TITLE	VP	<input 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 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Bishop William White*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: _____ DAYTIME PHONE: _____

CR2E037 (10/02)