FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 27 AM 11:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **729200** **(6)**

1. Corporation Name
JACKSONVILLE GOSPEL SINGERS ASSOCIATION

Principal Place of Business	Mailing Address
10753 NORMANDY BLVD. JACKSONVILLE FL 32221	10753 NORMANDY BLVD. JACKSONVILLE FL 32221

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/22/1974
3a. Date of Last Report: 07/12/1994
4. FEI Number: 59-0582179 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

DEESE, CLORA R.
10753 NORMANDY BLVD.
JACKSONVILLE FL 32221

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P ☒ Change ☐ Addition
NAME	JONES, ELTON	1.2 NAME	ELPASO SAPP N/A
STREET ADDRESS	RT 2, BOX 615	1.3 STREET ADDRESS	RT 1 B OX 3470
CITY-ST-ZIP	LAKE CITY FL 32055	1.4 CITY-ST-ZIP	GLEN ST MARY, FL. 32040
TITLE	T	2.1 TITLE	T ☐ Change ☐ Addition
NAME	DEESE, CLORA R	2.2 NAME	CLORA R. DEESE
STREET ADDRESS	10753 NORMANDY BLVD	2.3 STREET ADDRESS	10753 NORMANDY BLVD.
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	JACKSONVILLE, FL. 32221
TITLE	S	3.1 TITLE	S ☒ Change ☐ Addition
NAME	ASHE, SHERLYN L	3.2 NAME	EVELYN E. DAVIS
STREET ADDRESS	801 E. BROWN STREET	3.3 STREET ADDRESS	10591 DOVE LANE
CITY-ST-ZIP	LAKE CITY FL 32055	3.4 CITY-ST-ZIP	JACKSONVILLE, FL. 32218
TITLE	D	4.1 TITLE	D ☒ Change ☐ Addition
NAME	HARRISON, BOYSE	4.2 NAME	JESSE KNAPP
STREET ADDRESS	5733 JIM TOM DR.	4.3 STREET ADDRESS	943 INGLESIDE AVE.
CITY-ST-ZIP	JACKSONVILLE FL 32211	4.4 CITY-ST-ZIP	JACKSONVILLE, FL. 32205
TITLE	D	5.1 TITLE	D ☐ Change ☐ Addition
NAME	WALL, J.L.	5.2 NAME	J.L. WALL
STREET ADDRESS	1850 MONTWARD RD.	5.3 STREET ADDRESS	1850 MONTWARD RD.
CITY-ST-ZIP	JACKSONVILLE FL 32218	5.4 CITY-ST-ZIP	JACKSONVILLE, FL. 32218
TITLE	D	6.1 TITLE	D ☒ Change ☐ Addition
NAME	JONES, LAVATER	6.2 NAME	BILL ECKLER N/A
STREET ADDRESS	RT. 2 BOX 615	6.3 STREET ADDRESS	RT L BOX 2590
CITY-ST-ZIP	LAKE CITY FL 32055	6.4 CITY-ST-ZIP	GLEN ST. MARY , FL. 32040

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Clora R. Deese CLORA R. DEESE 4-13-95 (904) 781-3349
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #