

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 29, 1999 8:00 am**  
**Secretary of State**

03-29-1999 90073 016 \*\*\*\*61.25

**DOCUMENT # 729200**

1. Corporation Name

**JACKSONVILLE GOSPEL SINGERS ASSOCIATION**

Principal Place of Business

10753 NORMANDY BLVD.  
JACKSONVILLE FL 32221.

Mailing Address

10753 NORMANDY BLVD.  
JACKSONVILLE FL 32221



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

03/22/1974

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME DAVIS, EVELYN E.  
STREET ADDRESS 10591 DOVE LANE  
CITY-ST-ZIP JACKSONVILLE FL  
☒ DELETE

TITLE V  
NAME ALDERMAN, BOB  
STREET ADDRESS 871 ELMWOOD STREET  
CITY-ST-ZIP ORANGE PARK FL 32065  
☐ DELETE

TITLE S  
NAME ECKLER, BILL  
STREET ADDRESS RT 1 BOX 2590  
CITY-ST-ZIP GLEN ST MARY FL  
☐ DELETE NA

TITLE D  
NAME ELPASO, SAPP  
STREET ADDRESS RT 1 BOX 3470  
CITY-ST-ZIP GLEN ST MARY FL  
☐ DELETE NA

TITLE D  
NAME WALL, J. L.  
STREET ADDRESS 1850 MONTWARD RD.  
CITY-ST-ZIP JAX FL  
☐ DELETE

TITLE D.  
NAME SAPP, LOUISE  
STREET ADDRESS RT. 1 BOX 3470  
CITY-ST-ZIP GLEN ST. MARY FL 32040  
☐ DELETE NA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P  
1.2 NAME LEESA HUNNICUTT  
1.3 STREET ADDRESS 4341 TURNER AVE.  
1.4 CITY-ST-ZIP JACKSONVILLE, FL. 32207  
☐ Change ☒ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
☐ Change ☐ Addition

3.1 TITLE T. CLORA R. DEESE  
3.2 NAME  
3.3 STREET ADDRESS 10753 NORMANDY BLVD  
3.4 CITY-ST-ZIP JACKSONVILLE FL. 32221  
☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
☐ Change ☐ Addition

14. 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 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, with all other like empowered.

SIGNATURE:

CLORA R. DEESE  
Signature and Typed or Printed Name of Signing Officer or Director  
Date 3-22-99 Daytime Phone # 781-3349 (904)

CR2E037 (11/98)