

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 729200

1. Entity Name

JACKSONVILLE GOSPEL SINGERS ASSOCIATION

Principal Place of Business

Mailing Address

10753 NORMANDY BLVD.
JACKSONVILLE FL 32221

10753 NORMANDY BLVD.
JACKSONVILLE FL 32221

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

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.

SIGNATURE

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME P
STREET ADDRESS HUNNICUTT, LEESA
CITY-ST-ZIP 4341 TURNER AVENUE
JACKSONVILLE FL 32207

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME DEESE, CLORA R
STREET ADDRESS 10753 NORMANDY BLVD.
CITY-ST-ZIP JACKSONVILLE FL 32221

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME D
STREET ADDRESS ELPASO, SAPP
CITY-ST-ZIP RT. 1 BOX 3470
GLEN SAINT MARY FL 32040

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ 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: CLORA R. DEESE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jan 14, 2002 8:00 am
Secretary of State

01-14-2002 90012 035 ****61.25



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-0582179

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

0060074

CR2E037 (9/01)

904-781-3349

01-10-02