FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999 **DOCUMENT # 738526**

UNION GOSPEL SINGING CONVENTION, INC.

Principal Place of Business

Mailing Address

FILED
Apr 15, 1999 8:00 am §
Secretary of State

04-15-1999 90038 049 ****61.25

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C/O BETTY JO WHITE 104 N 24TH ST E BRADENTON FL 34208-1716		C/O BETTY JO WHITE 104 N 24TH ST E BRADENTON FL 34208-1716									
2. Principal Pl	ace of Business	2a. Mailing Address				3. Date Incorporated or Qualifed]	
21	» الرئيميينتين يسمعقاسييه ليسانياه فالساء	26			03/31/1977				نہا		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number		A _l	pplied For	1		
22		27				59-2355678		N/	ot Applicable	1	
City & State	9	City & State			5. Certifcate of Status Desired		• -	Additional equired			
Zip	Country Zip 25 29 30			ry		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees				
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent						
			8	31	Name						
WHITE, BETTY J			8	32	Street Addre	ss (P.O. Box Number is Not Accepta	able)			1	
104 24TH		8	83						1		
DIVADENT	ON FL 34208		8	34	City			85 Zip	Code	1	
							<u> </u>			4	
11. Pursuant i office or re agent. I ai	to the provisions of Sections 617.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	: and 617.1508, Florida Statutes of Florida. Such change was aut ions of, Section 617.0503, Florid	i, the abo horized t la Statuti	ove- oy ti es.	-named corpo he corporation	ration submits this statement for the n's board of directors. I hereby accep	purpose of o of the appoin	nanging its iment as re	s registered egistered		
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	egistered Ad	gent :	signature required	when reinstating)	DATE			1	
12. OFFICERS AND DIRECTORS				_	<u></u>	ADDITIONS/CHANGES TO OF	FICERS AND	DIRECTO	ORS IN 12	1 9	
TITLE	PD	☐ DELETE	1.1 1111	E				☐ Change	Addition] }	
NAME	WHITE, BETTY JO		1.2 NAM	E					•	1	
STREET ADDRESS	104 N 24 ST E.				ADDRESS					}	
· ·	BRADENTON FL		1.4 CITY							3	
CITY-ST-ZIP			2.1 TITLE		- 4.11			Change	Addition	7 3	
	- U		2.2 NAME						_		
NAME	YOUNG, NELDA				1000000			_,		1	
STREET ADDRESS	RT 1-BOX 150				ADDRESS - ===						
CITY-ST-ZIP	ONA FL `			Y-ST	-ZIP			☐ Change	Addition	Η.	
TITLE	010			3.1 TITLE				T Autoride			
NAME	HODOON, OFFICE			3.2 NAME						1	
STREET ADDRESS	3860 JOHNSON ROAD			3.3 STREET ADDRESS							
CITY-ST-ZIP	MVCQCIIII I			/-ST	-ZIP		· <u>·</u>			4	
गा∟€	☐ DELETE		4.1 TITLI	4.1 TITLE				Change	Addition		
NAME	·		4. 2 NAN	4. 2 NAME							
STREET ADDRESS	i		4.3 STRI	4.3 STREET ADDRESS							
CITY-ST-ZIP			4.4 CITY	·st-	- ZIP						
TITLE			5.1 TTL	E				Change	☐ Addition		
NAME I			5.2 NAM	E			•				
STREET ADDRESS			5.3 STRI	EET /	ADDRESS						
	l		5.4 CITY	-ST-	-ZIP						
TITLE		☐ DELETE	6.1 TITL		-			Change	☐ Addition	1	
1			6.2 NAM					_ ,		1	
NAME	•				ADDRESS						
STREET ADDRESS			6.3 STRI								

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: