

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 738526**

1. Entity Name

UNION GOSPEL SINGING CONVENTION, INC.**FILED**
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90486 047 *****61.25

0074179

Principal Place of Business

C/O BETTY JO WHITE
104 N 24TH ST E
BRADENTON FL 34208-1713
1713

Mailing Address

C/O BETTY JO WHITE
104 N 24TH ST E
BRADENTON FL 34208-1713
1713

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2355678

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WHITE, BETTY J
104 24TH ST NE
BRADENTON FL 34208

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 \$61.259. 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 PD
NAME WHITE, BETTY JO ☐ Delete
STREET ADDRESS 104 N 24 ST E
CITY-ST-ZIP BRADENTON FLTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE VD
NAME YOUNG, NELDA ☒ Delete
STREET ADDRESS RT 1 BOX 150
CITY-ST-ZIP ONA FLTITLE VD ☒ Change ☐ Addition
NAME Corwin Coker
STREET ADDRESS 5789 NW Scout Avenue
CITY-ST-ZIP Arcadia, FLTITLE STD
NAME HUDSON, CHRISTINE ☐ Delete
STREET ADDRESS 3860 JOHNSON ROAD
CITY-ST-ZIP MULBERRY FLTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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: *Betty Jo White* **REQUIRED** Betty Jo White 03-14-01 941-746-3598

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)