## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT # N5
1. Corporation Name

N50057

(1)

## THE UNITED GOSPEL SINGERS ASSOCIATION, INCORPORA

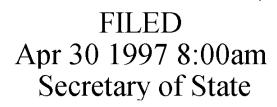
1637 E. 20TH STREET JACKSONVILLE FL 32206 US

Principal Place of Business

Mailing Address

1637 E 20 ST

JACKSONVILLE FL 32208-9355





us						3. Date incorporated or Qualified 07/27/1992 3a. Date of Last Report 05/01/1996					
	ace of Business  6. 20th Strut	2a. Mailing Address				4. FEI NU 59	mber -3154666	_ <del></del>	<del></del>	plied For t Applicable	
	Suite, Apt. #, etc.			······································		5. Certificate of Status Desired			¢9.76 Additional		
City & State		<del></del>		Election Campaign Financing     Trust Fund Contribution			\$5.00 May Be Added to Fees				
Ζip	Country	28		intry		8. This co	orporation has liability for	Intangible to	ax under s.		
24 31706 25 V 29 29 30 9. Name and Address of Current Registered Agent					1		Statutes L. and Address of New Re	Yes			
· · · · · · · · · · · · · · · · · · ·	S. Hally and Addiges of Contone	Trogistro Agent		81 Name	2	1.1	11:11:	11	111	<del>/</del>	
WHITE, BISHOP WILLIAM 82					Addres	ś (P.Q. Bo)	Number is Not Accepta		and	<del></del>	
1637 EAST 20TH STREET JACKSONVILLE FL 32206					83 1637 East 20th Street						
JACKSO											
				84 City	nd A	60	Il. El	FL	85 Zip	Code	
11. Pursuani t	to the provisions of Sections 617,0502	and 617.1508, Florida Statu	tes, the a	bove-named	corpor	ation subm	its this statement for the	ourpose of o	hanging It	s registered	
	egistered agent, or both, in the State on familiar with, and accept the obligations.				poration	n's board o	directors. I hereby acce	pt the appo	intment as	registered	
SIGNATURE											
	Signature, typed or printed name of registered agen	<del></del>		d Agent algnature	required			DATE			
12.	OFFICERS AND		13.			ADDITIO	ONS/CHANGES TO OFFI				
TITLE	P	☐ DELETE	1.1 7		}		0		Change	Addition	
NAME	WHITE, WILLIAM BISHOP		1.2 N		ر ا	,	Some				
STREET ADDRESS	1637 E. 20TH STREET		1.3 \$	REET ADDRESS	1	ž.	Some				
CITY-ST-ZIP	JACKSONVILLE FL 32206		1.40	ITY-SY-ZIP	1						
THTLE	VP DELETE		2.1 T	2.1 TITLE				ı	Change	Addition	
NAME	Crews, Joseph		2.2 N	AME		1	0				
STREET ADDRESS	1993 E. 20TH STREET		2.3 S	treet address	1 %	1/2	Same				
CITY-ST-ZIP	JACKSONVILLE FL 32206		2.40	CITY-ST-ZIP	1	<i>pu</i> c	W.1				
TITLE	D	DELETE	3.1 T	TLE					Change	Addition	
NAME	KIRKLAND, WILLIE		3.2 N	AME		,	0				
STREET ADDRESS	9434 DEVSHIOR BLVD.			TREET ADDRESS	1	1	Same				
City-St-ZiP	JACKSONVILLE FL 32208		- 1	HTY-ST-ZIP	1 6	ne					
TITLE	0	DELETE	417		1		······································	·····	Change	Addition	
NAME	CURRY, GEORGE REV.		4.21		1	1	0	•			
STREET ADDRESS	12436 WEST 18TH STREET			TREET ADDRESS	\ <u>.</u> ,	+/ho	· demande	ø			
	JACKSONVILLE FL 32209			ITY-ST-ZIP	4	//VC	COUNTY	-			
CITY-ST-ZIP TITLE	D DAONOOHVILLE I L OZEOB	DELETE	5.1 T		<del> </del>				Change	Addition	
1	BROWN, BEATRICE	- ortrir	5.2 N			,	0		Change	- HOUNOIT	
NAME					1 -	the	Xame				
STREET ADDRESS	1203 EAST 30TH STREET			TREET ADDRESS	4	M					
CITY - ST-ZIP	JACKSONVILLE FL	Document		ITY-ST-ZIP	<b> </b>				Observ	Addie -	
TITLE .	D	☐ DELETE	6.1 T		Į	_	^	ı	Change	Addition Addition	
NAME	PITTMAN, CAROLYN		6.2 N			<u>_</u> /	V	_			
STREET ADDRESS	4224 MCDANIEL RD.		6.3 S	TREET ADDRESS	7	フルノ	Jam	e.			
CITY-ST-ZIP	JACKSONVILLE FL			ity-st-zip		- /					
14. I do heret	by certify that the information supplied	with this filing does not qual	ify for the	exemption s	tated in	Section 1	19.07(3)(i), Florida Statute	s. I further	certify that	the	

I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 14-97 Daytime Phone # 0004788