2000 UNIFORM BUSINESS REPORT (UPR) DOCUMENT # N 50057 Apr 28, 2000 8:00 am 1. Entity Name The Unite Cospel Singers Association Secretary of State Incorporated 04-28-2000 90072 012 ****61.25 Principal Place of Business 1256 Mc MilliAN ST, POBOX 13119 JACK SONVILLE PLAZZZOG JACKSON Ville, FL. 3220 00040674 Mailing Address Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-315666 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired DUVAL 32209 Fee Required DUVAL 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Zip Code 32206 8. The above named entity submits this statement for the purpose of changing its registered office 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: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees FEE IS \$61.25 Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 PREDENT TITLE ☐ Delete TITLE Addition ☐ Change NAME Bishop William White NAME STREET ADDRESS STREET ADDRESS 1637 East 20Th JACKSOHVILLE FIA - 32206 CITY-ST-ZIP CITY-ST-ZIP Vice President TITLE ☐ Delete TITLE Change Addition Deacon Joseph Crews NAME NAME 1995 W 20Th ST FIA 32209 STREET ADORESS STREET ADDRESS CITY-ST-7IF CITY-ST-7iP ___Change ___ Addition TITLE Trustee. Mrs Beatrice Is Hmeal NAME NAME 997 W 20Th ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FIA 32209 CITY-ST-ZIP TITLE Trustee ☐ Delete Addition ArolyN PITMAN NAME STREET ADDRESS STREET ADDRESS 4224 MC DANIEL ST CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FIA 32209 TITLE TITLE ☐ Change Addition ☐ Delete evangelist LAVERN MAPLE NAME NAME 3562 NANLY ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FIA 32209 ☐ Delete TITLE ☐ Change Addition TITLE Rev Louise Mc. Lloud 3184 Brasque Dr NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 32209 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: