2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empoy

SIGNATURE:

SIGNATURE REQUIRED &

Jun 02, 2001 8:00 am DOCUMENT # N50057 Secretary of State 05-10-2001 90171 025 ****61.25 THE UNITED GOSPEL SINGERS ASSOCIATION, INCORPORA Principal Place of Business Mailing Address 4296 MCMILLIAN ST P.O. BOX 13117 JACKSONVILLE FLATER 32206 74019 JACKSONVILLE FL 32206 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3154666 Not Applicable alked Zin Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7.- Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) WHITE, BISHOP WILLIAM 1002 BACT SUTH CTREE JACKSONVILLE FL 32206 Zip Code City changing its registered office or registered agent, or both, in the state of Florida. 4.27-2001 Make Check Pavable to 9. Election Campaign Financing \$5.00 May Be **FILE NOW:** П Department of State Trust Fund Contribution. Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. perfect ☐ Change ☐ Addition ☐ Delete TITLE TITLE WHITE, WILLIAM BISHOP NAME NAME STREET ADDRESS STREET ADDRESS 1637 E. 20TH STREET CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32206 ☐ Change ☐ Addition TITLE ☐ Delete TITLE HINSON, SAMUEL NAME. NAME 1330 BRAOD ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3 2202 CITY: ST. ZIP JACKSONVILLE FL 32202 Addition - Delate TITLE TITLE WHITEIGIA CEURGIA NAME NAME 32209 STREET ADDRESS STREET ADDRESS 433 MAKA DR. CITY-ST-7E CITY-ST-ZIP ATLANTIC BEACH FL 32233 ■ Addition Delete TITLE TITLE w DD CHIEV. GEORGE REV. NAME NAME STREET ADDRESS STREET ADDRESS 12436 WEST 18TH STREET 32209 CITY-ST-7IF CITY-ST-ZIP JACKSONVILLE FL 32209 ☐ Addition Change ☐ Delete TITLE DILE Imperial. NAME BROWN, BEATRICE NAME STREET ADDRESS STREET ADDRESS 1995 W 20TH ST CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32209 ☐ Change TITLE ☐ Delete addre D1 PITTMAN, CAROLYN NAME NAME STREET ADDRESS STREET ADDRESS 4224 MCDANIEL RD. CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32209 12. I hereby certify that the information supplied with this lifting 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

FILED

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