

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90093 032 ****70.00

DOCUMENT # N50057

1. Entity Name

THE UNITED GOSPEL SINGERS ASSOCIATION,
INCORPORATED



Principal Place of Business

3500 N PEARL ST
JACKSONVILLE FL 32206
US

Mailing Address

P.O. BOX 13117
JACKSONVILLE FL 32206
US

2. Principal Place of Business

3500 N PEARL ST
Suite, Apt. #, etc.

3. Mailing Address

3500 N PEARL ST
Suite, Apt. #, etc.



MOORE

CR2E037 (11/03)

City & State

JACKSONVILLE FLA

City & State

JACKSONVILLE FLA

4. FEI Number

59-3154666

Applied For

Not Applicable

Zip

32206

Country

Zip

32206

Country

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

WHITE, BISHOP WILLIAM
3500 N PEARL ST
JACKSONVILLE FL 32206

HAS Deceased

7. Name and Address of New Registered Agent

Name *Deacon Joseph Crews*

Street Address (P.O. Box Number is Not Acceptable) *1995 W 20th ST*

City *JACKSONVILLE*

FL

Zip Code *32209*

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Joseph E Crews

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution.

☐ \$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE *P* ☒ Delete
NAME WHITE, WILLIAM B
STREET ADDRESS P O BOX 13117
CITY-ST-ZIP JACKSONVILLE FL 32206

TITLE *P D* ☒ Delete
NAME HINSON, SAMUEL
STREET ADDRESS 133 BROAD ST
CITY-ST-ZIP JACKSONVILLE FL 32202

TITLE *D* ☐ Delete
NAME PITTMAN, CAROLYN
STREET ADDRESS 4224 MCLAMILL RD.
CITY-ST-ZIP JACKSONVILLE FL 32209

TITLE *D* ☐ Delete
NAME BROWN, BEATRICE
STREET ADDRESS 1995 W. 20TH ST.
CITY-ST-ZIP JACKSONVILLE FL 32209

TITLE *D* ☐ Delete
NAME JEFFERSON, L C
STREET ADDRESS 4224 MC DANIEL RD
CITY-ST-ZIP JACKSONVILLE FL 32209

TITLE *D* ☒ Delete
NAME CREWS, JOSEPH
STREET ADDRESS 1995 W 20TH ST
CITY-ST-ZIP JACKSONVILLE FL 32209

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE *President* ☐ Change ☐ Addition
NAME *Joseph crews*
STREET ADDRESS *1995 W 20th ST*
CITY-ST-ZIP *JACKSONVILLE FLA 32209*

TITLE *D* ☒ Change ☐ Addition
NAME *Hinson Samuel*
STREET ADDRESS *133 BROAD ST*
CITY-ST-ZIP *JACKSONVILLE FL 32202*

TITLE *J* ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE *D* ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE *D* ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE *V.P* ☐ Change ☒ Addition
NAME *Minster Clarence S. Johnson*
STREET ADDRESS *8874 Sibbald Blvd*
CITY-ST-ZIP *JACKSONVILLE FLA 32208*

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:

Louise McChesney Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-14-04 904-374-5522