

FILED
May 12, 2003 8:00 am
Secretary of State

04-23-2003 90134 043 ****61.25

2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N50057

1. Entity Name

THE UNITED GOSPEL SINGERS ASSOCIATION, INCORPORATED



Principal Place of Business

1631 W 23RD ST
JACKSONVILLE FL 32209
US

Mailing Address

P.O. BOX 13117
JACKSONVILLE FL 32206
US

2. Principal Place of Business

Zip 32206
3500 N Pearl St FL

3. Mailing Address

Suite, Apt. #, etc.

City & State

JACKSONVILLE FLA

City & State

Zip Country

Zip 32206

Country DUCAL

4. FEI Number 59-3154666

Applied For

Not Applicable

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, BISHOP WILLIAM

JACKSONVILLE FL 32206

Bishop William White
3500 N. Pearl St
JACKSONVILLE FLA
32206

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

SIGNATURE

President Bishop William White

(NOTE: Registered Agent signature required when resigning)

DATE

FILE NOW: FEE IS \$61.25

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

TITLE VP
NAME HINSON, SAMUEL
STREET ADDRESS 133 BROAD ST
CITY-ST-ZIP JACKSONVILLE FL 32202

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

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

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

TITLE D
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
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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:

SIGNATURE REQUIRED

Bishop William White

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)