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FILED

Apr 28 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N97000005160 (3)

1. Corporation Name

FLORIDA STATE GOSPEL SINGING CONVENTION, INC.

Principal Place of Business

Mailing Address

RT #1, BOX 191  
JENNINGS FL 32053

RT #1, BOX 191  
JENNINGS FL 32053

3. Date Incorporated or Qualified

09/10/1997

4. FEI Number

ELN 59-3502242

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

6. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DEAS, ALBERT  
RT #1, BOX 191  
JENNINGS FL 32053

81 Name

82 Street Address (P.O. Box Number Is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME D  
STREET ADDRESS SOUTHWELL, DONNIE R  
CITY-ST-ZIP 4862 GEORGIA RD  
BASCOM FL 32423

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME D  
STREET ADDRESS HOLMES, INEZ  
CITY-ST-ZIP RT #3, BOX 418  
WESTVILLE FL 32484

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME D  
STREET ADDRESS JOYNER, WILLIAM H  
CITY-ST-ZIP 2004 W 29TH ST  
PANAMA CITY FL 32450

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME P  
STREET ADDRESS DEAS, ALBERT  
CITY-ST-ZIP RT #1, BOX 191  
JENNINGS FL 32053

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME S  
STREET ADDRESS HARRIS, PHYLLIS D  
CITY-ST-ZIP RT #1, BOX 149-B  
JENNINGS FL 32053

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☒ DELETE  
NAME T  
STREET ADDRESS ASHE, SHERLYN  
CITY-ST-ZIP 801 E BROWN ST  
LAKE CITY FL 32025

6.1 TITLE ☐ Change ☒ Addition  
6.2 NAME Mittie Deas  
6.3 STREET ADDRESS Rt. 1 Box 191  
6.4 CITY-ST-ZIP Jennings, FL 32053

14. 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 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

Albert Deas

4-20-98

904-938-2198

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/97)