2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000003704

Entity Name: GOSPELINK, INC.

Address:

City-St-Zip:

AMES, IA 50010

FILED Jan 24, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 220 ROYAL PALM BEACH BOULEVARD ROYAL PALM BEACH, FL 33411 **Current Mailing Address: New Mailing Address:** PO BOX 211388 ROYAL PALM BEACH, FL 33421 FEI Number: 58-2390166 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NELMS, LEWIS C 220 ROYAL PALM BEACH BOULEVARD ROYAL PALM BEACH, FL 33411 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete NELMS, LEWIS C Name: Name: 215 SARATOGA BLVD. EAST Address: Address: City-St-Zip: ROYAL PALM BEACH, FL 33411 City-St-Zip: Title: Title: () Delete () Change () Addition Name: WEIGHT, JACK Name: Address: 686 VIKING LANE Address: City-St-Zip: PRATTVILLE, AL 36067 City-St-Zip: Title: () Delete Title: () Change () Addition HAYWOOD, AL Name: Name: Address: 229 RIVER NORTH CIR. Address: City-St-Zip: MACON, GA 31211 City-St-Zip: Title: () Delete Title: () Change () Addition Name: BEILER, JOHN Name: 48 ORCHARD GROVE WAY Address: Address: City-St-Zip: CAMDEN, DE 19934 City-St-Zip: Title: Title: () Delete () Change () Addition JEFF, DODGE Name: Name: 3019 SAPPHIRE CIRCLE

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: LEWIS NELMS Ρ 01/24/2008