2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2009
Secretary of State

DOCUMENT# F02000003704

Entity Name: GOSPELINK, INC.

Current Principal Place of Business:

220 ROYAL PALM BEACH BOULEVARD
ROYAL PALM BEACH, FL 33411

New Principal Place of Business:

6000 BOONESBORO RD.
LYNCHBURG, VA 24503 37

Current Mailing Address:

PO BOX 211388
ROYAL PALM BEACH, FL 33421

New Mailing Address:

FEI Number: 58-2390166 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NELMS, LEWIS C
220 ROYAL PALM BEACH BOULEVARD
ROYAL PALM BEACH, FL 33411 US

Name and Address of New Registered Agent:

NELMS, LEWIS C
215 SARATOGA BLVD. EAST
ROYAL PALM BEACH, FL 33411 US

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: _____ 01/14/2009
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: NELMS, LEWIS C
Address: 215 SARATOGA BLVD. EAST
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: S ( ) Delete
Name: WEIGHT, JACK
Address: 686 VIKING LANE
City-St-Zip: PRATTVILLE, AL 36067

Title: T ( ) Delete
Name: HAYWOOD, AL
Address: 229 RIVER NORTH CIR.
City-St-Zip: MACON, GA 31211

Title: D ( ) Delete
Name: BEILER, JOHN
Address: 48 ORCHARD GROVE WAY
City-St-Zip: CAMDEN, DE 19934

Title: D ( ) Delete
Name: JEFF, DODGE
Address: 3019 SAPPHIRE CIRCLE
City-St-Zip: AMES, IA 50010

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: LEWIS NELMS P 01/14/2009
Electronic Signature of Signing Officer or Director — Date