2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 25, 2009
Secretary of State

DOCUMENT# N07000001872

Entity Name: LINC-UP MISSIONS, INC.

Current Principal Place of Business:

15850 COUNTY ROAD 108
HILLIARD, FL 32046

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 572
HILLIARD, FL 32046

New Mailing Address:

FEI Number: 20-5610462 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

ALLEN, RICHARD L JR.
15850 COUNTY ROAD 108
HILLIARD, FL 32046 US

Name and Address of New Registered Agent:

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:

Title: PD ( ) Delete
Name: ALLEN, RICHARD L JR
Address: 27395 NEW FRONT STREET
City-St-Zip: HILLIARD, FL 32046

Title: TD ( ) Delete
Name: FRANKLIN, BOBBY Y II
Address: 37224 HIGGINBOTHAM DRIVE
City-St-Zip: HILLIARD, FL 32046

Title: CD ( ) Delete
Name: HAYES, JACKIE EUGENE
Address: 4135 PALM BLUFF DRIVE
City-St-Zip: HILLIARD, FL 32034

Title: SD ( ) Delete
Name: DRAKE, PAUL DAVID
Address: 96842 ARRIGO DRIVE
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: VCD ( ) Delete
Name: ALDRIDGE, MICHAEL A
Address: 90 PEBBLE LANE
City-St-Zip: DOUGLAS, GA 31537

Title: D ( ) Delete
Name: MICHEALS, JOE III
Address: 371822 HENRY SMITH RD
City-St-Zip: HILLIARD, FL 32046

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:

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: RICHARD L ALLEN JR PD 03/25/2009
Electronic Signature of Signing Officer or Director — Date