## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N94000004683

PO BOX 16057

TAMPA, FL 33647

Address:

City-St-Zip:

FILED Apr 01, 2009 Secretary of State

| Entity Nar                                    | ne: LYNDIE!   | MCCAULEY M             | INISTRIES, INC.   |                      |  |                                      |  |
|---|---|------------------------|-------------------|----------------------|--|--------------------------------------|--|
| Current Principal Place of Business:          |   |                        |                   |                      | New Principal Place of Business:             |                                      |  |
|   | E POINT DR.<br>CHAPEL, FL 3                         | 33543 US               |                   |                      |  |                                      |  |
| Current Mailing Address:                      |   |                        |                   | New Mailing Address: |  |                                      |  |
|   | OYSLIPPER SO<br>I, VA 20147                         | US                     |                   |                      | P.O. BOX 2264<br>ASHBURN, VA 20146           | US                                   |  |
| FEI Number:                                   | 59-3295969  | FEI Number             | Applied For ( )   | FEI Nun              | nber Not Applicable ( )                      | Certificate of Status Desired ( )    |  |
| Name and Address of Current Registered Agent: |   |                        |                   |                      | Name and Address of New Registered Agent:    |                                      |  |
| 27631 PINI<br>WESLEY (                        |   | 33543 US               | atement for the p | ourpose o            | f changing its registered                    | office or registered agent, or both, |  |
|   | e of Florida.                                       |                        |                   |                      |  |                                      |  |
| SIGNATUF                                      |   | nic Signature c        | f Registered Age  | ent                  |  | <br>Date                             |  |
| OFFICERS AND DIRECTORS:                       |   |                        |                   |                      | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: |                                      |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | DP (<br>MCCAULEY, L'<br>20147 LADYSI<br>ASHBURN, VA | JPPER SQ               |                   |                      | Title: (Name: Address: City-St-Zip:          | ) Change ( ) Addition                |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | MCDONNOUĞI<br>27631 PINE PO                         | ,                      |                   |                      | Title: ( Name: Address: City-St-Zip:         | ) Change ( ) Addition                |  |
| Title:<br>Name:                               | DVP (<br>BROWNE, HO                                 | ) Delete<br>WARD R DR. |                   |                      | Title: (                                     | ) Change ( ) Addition                |  |

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: LYNDIE MCCAULEY REV. 04/01/2009