

1.) CORPORATION NAME: <b>Gospelink, Inc.</b>	DUE DATE: <b>2/28/2014</b>
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>LEWIS NELMS 6000 BOONSBORO RD STE E LYNCHBURG, VA</b>	SCC ID NO: <b>F1780230</b>
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>BEDFORD COUNTY</b>	5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: <b>GA</b>	

6.) PRINCIPAL OFFICE ADDRESS:  ADDRESS: 6000 BOONSBORO RD STE F  CITY/ST/ZIP: LYNCHBURG, VA 24503	
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7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: LEWIS NELMS TITLE: PRESIDENT ADDRESS: 6000 Boonsboro Rd Ste F CITY/ST/ZIP/CO: LYNCHBURG, VA 24503	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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NAME: CHARLES J PACE, JR TITLE: DIR ADDRESS: 6000 Boonsboro Rd Ste F CITY/ST/ZIP/CO: Lynchburg, VA 24503	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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NAME: JOHN COLYER TITLE: TREASURER ADDRESS: 1112 SW 53rd St CITY/ST/ZIP/CO: Ankeny, IA 50023	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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NAME: JOHN BEILER TITLE: SECRETARY ADDRESS: 48 Orchard Grove Way CITY/ST/ZIP/CO: Camden, DE 19934	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ LEWIS NELMS	LEWIS NELMS, PRESIDENT	2/27/2014
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.