


**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

NONPROFIT CORPORATION ANNUAL REPORT <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N42923 (5)**  
 1. Corporation Name  
**GOLDENRULE HOUSING & COMMUNITY DEVELOPMENT CORP.**



Principal Place of Business 2968 S ORLANDO DR. SANFORD FL 32773 US	Mailing Address 2968 S ORLANDO DR. SANFORD FL 32773 US
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3. Date Incorporated or Qualified <b>04/08/1991</b>	3a. Date of Last Report <b>08/25/1995</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number <b>59-3063080</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**CHISLEY, LEWAN B  
 911 BRENNAM PLACE  
 LONGWOOD FL 32750**

10. Name and Address of New Registered Agent  
 81 Name  
**CYNTHIA HAMILTON-SMITH**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**525 DOCTOR'S DRIVE**  
 83  
 84 City  
**OVIEDO** **FL** 85 Zip Code  
**32765**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.

SIGNATURE *Cynthia Hamilton-Smith* **CYNTHIA HAMILTON-SMITH** **JUNE 4, 1996**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	PINKNEY, BEVERLY A	
STREET ADDRESS	1508 W. 18TH STREET	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	PIERCE, MARVA	
STREET ADDRESS	115 HUGHES AVENUE	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	FLAGLER, RHONDA	
STREET ADDRESS	P.O. BOX 1644	
CITY-ST-ZIP	SANFORD FL 32772	
TITLE	ASD	<input type="checkbox"/> DELETE
NAME	PEOPLE, EVAN	
STREET ADDRESS	1917 W. 14TH ST.	
CITY-ST-ZIP	SANFORD FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	LOWERY, REGINALD	
STREET ADDRESS	3301 MAIN ST.	
CITY-ST-ZIP	SANFORD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	WILLIAMS, VELMA	
1.3 STREET ADDRESS	1605 17TH STREET	
1.4 CITY-ST-ZIP	SANFORD, FL 32771	
2.1 TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	ASD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MITCHELL, GENEVA	
4.3 STREET ADDRESS	1205 GOLDEN GATE CIRCLE	
4.4 CITY-ST-ZIP	SANFORD, FL 32772	
5.1 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Cynthia Hamilton-Smith* **CYNTHIA HAMILTON-SMITH** **JUNE 4, 1996** (407) 324-9123  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (3/96)