

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 1996		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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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/08/1991		3a. Date of Last Report 08/25/1995	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-3063080		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
24 Country		29 Country		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			
				85 Zip Code FL 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** DATE **JUNE 4, 1996**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PINKNEY, BEVERLY A	1.2 NAME	WILLIAMS, VELMA
STREET ADDRESS	1508 W. 18TH STREET	1.3 STREET ADDRESS	1605 17TH STREET
CITY-ST-ZIP	SANFORD FL 32771	1.4 CITY-ST-ZIP	SANFORD, FL 32771
TITLE	VPO <input type="checkbox"/> DELETE	2.1 TITLE	VD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIERCE, MARVA	2.2 NAME	
STREET ADDRESS	115 HUGHES AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	SANFORD FL 32771	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	SD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLAGLER, RHONDA	3.2 NAME	
STREET ADDRESS	P.O. BOX 1644	3.3 STREET ADDRESS	
CITY-ST-ZIP	SANFORD FL 32772	3.4 CITY-ST-ZIP	
TITLE	ASD <input type="checkbox"/> DELETE	4.1 TITLE	ASD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEOPLE, EVAN	4.2 NAME	MITCHELL, GENEVA
STREET ADDRESS	1917 W. 14TH ST.	4.3 STREET ADDRESS	1205 GOLDEN GATE CIRCLE
CITY-ST-ZIP	SANFORD FL	4.4 CITY-ST-ZIP	SANFORD, FL 32772
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	TD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOWERY, REGINALD	5.2 NAME	
STREET ADDRESS	3301 MAIN ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	SANFORD FL	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **JUNE 4, 1996** (407) 324-9123
Daytime Phone #

CR2E037 (3/96)