


FILE NOW: FILING FEE IS \$61.25

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Jul 01 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra L. Mortham</b> 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 <b>2968 S ORLANDO DR. SANFORD FL 32773 US</b>	Mailing Address <b>2968 S ORLANDO DR. SANFORD FL 32773-5347 US</b>
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2. Principal Place of Business <b>21</b>		2a. Mailing Address <b>26</b>		3. Date Incorporated or Qualified <b>04/08/1991</b>		3a. Date of Last Report <b>06/17/1996</b>	
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>		4. FEI Number <b>59-3063080</b>		Applied For Not Applicable	
City & State <b>23</b>		City & State <b>28</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
Zip <b>24</b>		Country <b>25</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 <b>HAMILTON-SMITH, CYNTHIA 525 DOCTOR'S DRIVE OVIEDO FL 32765</b>				10. Name and Address of New Registered Agent			
				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City <b>FL</b> 85 Zip Code			

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 \_\_\_\_\_ (NOTE: Registered Agent's signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WILLIAMS, VELMA			1.2 NAME			
STREET ADDRESS	1805 17TH STREET			1.3 STREET ADDRESS			
CITY-ST-ZIP	SANFORD FL			1.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE	<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			2.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		3.1 TITLE	<input checked="" 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			3.4 CITY-ST-ZIP			
TITLE	ASD	<input type="checkbox"/> DELETE		4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MITCHELL, GENEVA			4.2 NAME			
STREET ADDRESS	1205 GOLDEN GATE CIRCLE			4.3 STREET ADDRESS			
CITY-ST-ZIP	SANFORD FL			4.4 CITY-ST-ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		5.1 TITLE	<input checked="" 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 \_\_\_\_\_ 5/16/97 (407) 324-9123

CR2E037 (9/96)