

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Jun 11 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. 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 US</b>
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3. Date Incorporated or Qualified  
**04/08/1991**

4. FEI Number  
**58-3063080**

Applied For	
Not Applicable	

2. Principal Place of Business <b>21 417 E. 2nd Street</b>	2a. Mailing Address <b>26 417 E. 2nd Street</b>
Suite, Apt. #, etc. <b>22 --</b>	Suite, Apt. #, etc. <b>27 --</b>
City & State <b>23 SANFORD FL</b>	City & State <b>28 SANFORD FL</b>
Zip <b>24 32771</b>	Country <b>25 SEMINOLE</b>
	Country <b>30 SEMINOLE</b>

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

**HAMILTON-SMITH, CYNTHIA  
525 DOCTOR'S DRIVE  
OVEDO FL 32765**

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 *Cynthia Hamilton-Smith* **CYNTHIA HAMILTON-SMITH** **MAY 26, 1998**  
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	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>WILLIAMS, VELMA</b>	
STREET ADDRESS	<b>1805 17TH STREET</b>	
CITY-ST-ZIP	<b>SANFORD FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>PIERCE, MARVA</b>	
STREET ADDRESS	<b>115 HUGHES AVENUE</b>	
CITY-ST-ZIP	<b>SANFORD FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>MITCHELL, GENEVA</b>	
STREET ADDRESS	<b>1205 GOLDEN GATE CIRCLE</b>	
CITY-ST-ZIP	<b>SANFORD FL</b>	
TITLE	<b>ASD</b>	<input type="checkbox"/> DELETE
NAME	<b>EDGE, CARLTON</b>	
STREET ADDRESS	<b>PO BOX 470111 N/A</b>	
CITY-ST-ZIP	<b>LAKE MONROE FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>BRYANT, WILBERT</b>	
STREET ADDRESS	<b>PO BOX 621778 N/A</b>	
CITY-ST-ZIP	<b>OVEDO FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<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 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: *Cynthia Hamilton-Smith* **5/26/98 (407) 324-9123**

CR2E037 (1097)