

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2001 8:00 am
Secretary of State

05-05-2001 91095 010 ****70.00

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DOCUMENT # N42923

1. Entity Name

GOLDENRULE HOUSING & COMMUNITY DEVELOPMENT CORP.

Principal Place of Business

417 E 2ND STREET
 SANFORD FL 32771
 US

Mailing Address

417 E 2ND STREET
 SANFORD FL 32771
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3063080

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
 NAME EDGE, CARLTON
 STREET ADDRESS PO BOX 470111
 CITY-ST-ZIP LAKE MONROE FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE VD ☒ Delete
 NAME DE LA FUENTE, JULIANA
 STREET ADDRESS 7051 TALLOW TREE ROAD
 CITY-ST-ZIP SANFORD FL 32771

TITLE ☐ Change ☒ Addition
 NAME VD WATTS, JOHN A.
 STREET ADDRESS 116 Oak Grove Circle
 CITY-ST-ZIP Lake Mary, FL 32746

TITLE SD ☐ Delete
 NAME FLAGLER, RHONDA
 STREET ADDRESS PO BOX 1644
 CITY-ST-ZIP SANFORD FL 32772

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ASD ☒ Delete
 NAME MITCHELL, GENEVA
 STREET ADDRESS 1205 GOLDEN GATE CIRCLE
 CITY-ST-ZIP SANFORD FL 32-1771

TITLE ☐ Change ☒ Addition
 NAME ASD GAINES, SANDRA
 STREET ADDRESS 2407 Willow Avenue
 CITY-ST-ZIP Sanford, FL 32771

TITLE TD ☐ Delete
 NAME BRYANT, WILBERT
 STREET ADDRESS PO BOX 621778 N/A
 CITY-ST-ZIP OVIEDO FL

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

Cynthia Hamilton-Smith, Exec. Dir.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)