

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N42923

1. Entity Name

GOLDENRULE HOUSING & COMMUNITY DEVELOPMENT CORP.

Principal Place of Business

Mailing Address

417 E 2ND STREET
SANFORD FL 32771
US

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

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

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

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

TITLE VD
NAME WATTS, JOHN A
STREET ADDRESS 116 OAK GROVE CIRCLE
CITY-ST-ZIP LAKE MARY FL 32746 ☐ Delete

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

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

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

TITLE ASD
NAME GAINES, SANDRA
STREET ADDRESS 2407 WILLOW AVE
CITY-ST-ZIP SANFORD FL 32771 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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.

SIGNATURE: Cynthia Hamilton-Smith EXECUTIVE DIRECTOR

04/30/02 407/324-9123

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Printing Phone

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91301 028 ****70.00



DO NOT WRITE IN THIS SPACE

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