

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Apr 14, 2004 8:00 am**  
**Secretary of State**

04-14-2004 90063 005 \*\*\*\*70.00



**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

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.



MOORE CR2E037 (11/03)

City & State

City & State

4. FEI Number

59-3063080

Applied For

Not Applicable

Zip

Country

Zip

Country

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  
OVIEDO 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. I am familiar with, and accept the obligations of registered agent.

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  
Due By May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

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

TITLE VD  
NAME JONES, JULIA  Delete  
STREET ADDRESS 2318 ELA ST  
CITY-ST-ZIP SANFORD FL 32771

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

TITLE ASD  
NAME PHILEMON, CINDY  Delete  
STREET ADDRESS 801 LOCUST AVE  
CITY-ST-ZIP SANFORD FL 32771

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
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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.

**SIGNATURE: Cynthia Hamilton-Smith** *Cynthia Hamilton-Smith*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #