


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2008 08:00 AM
Secretary of State

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
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04302008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3063080	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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

**Filing Fee is \$61.25
Due by May 1, 2008**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EDGE, CARLTON PO BOX 470111 LAKE MONROE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FLAGLER, RHONDA PO BOX 1644 SANFORD, FL 32772
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JONES, JULIA 2318 ELA ST SANFORD, FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BRYANT, WILBERT PO BOX 621778 N/A OVIDO, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000944800
05/29/08-80113-024 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 **4-30-08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #