

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42923

FILED  
Apr 28, 2011  
Secretary of State

**Entity Name:** GOLDENRULE HOUSING & COMMUNITY DEVELOPMENT CORP.

**Current Principal Place of Business:**

417 E 2ND STREET  
SANFORD, FL 32771 US

**New Principal Place of Business:**

**Current Mailing Address:**

417 E 2ND STREET  
SANFORD, FL 32771 US

**New Mailing Address:**

FEI Number: 59-3063080

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

OYEWALE, OLATUNJI  
228 E. 18TH STREET  
SANFORD, FL 32771 US

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: OLATUNJI OYEWALE

04/28/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: OYEWALE, OLATUNJI  
Address: 228 W. 18TH. ST.  
City-St-Zip: SANFORD, FL 32771

Title: AS  
Name: FLAGLER, RHONDA  
Address: 1810 STRAWBERRY AVE  
City-St-Zip: SANFORD, FL 32772

Title: VP  
Name: JONES, JULIA  
Address: 2318 ELM ST  
City-St-Zip: SANFORD, FL 32771

Title: T  
Name: BRYANT, WILBERT  
Address: PO BOX 621778 N/A  
City-St-Zip: OVIEDO, FL

Title: S  
Name: PRESTON, SHANIKA  
Address: 554 GRANITE CIRCLE  
City-St-Zip: CHULUOTA, FL 32766

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CYNTHIA HAMILTON-SMITH

D

04/28/2011

Electronic Signature of Signing Officer or Director

Date