

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91402 026 ****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

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**



CHECK HERE IF MAKING CHANGES

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 32785**

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 **Cynthia Smith**

4-21-03

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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	EDGE, CARLTON	
STREET ADDRESS	PO BOX 470111	
CITY-ST-ZIP	LAKE MONROE FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FLAGLER, RHONDA	
STREET ADDRESS	PO BOX 1844	
CITY-ST-ZIP	SANFORD FL 32772	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	WATTS, JOHN A	
STREET ADDRESS	116 OAK GROVE CIRCLE	
CITY-ST-ZIP	LAKE MARY FL 32746	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BRYANT, WILBERT	
STREET ADDRESS	PO BOX 621778 N/A	
CITY-ST-ZIP	OVIEDO FL	
TITLE	ASD	<input checked="" type="checkbox"/> Delete
NAME	GAINES, SANDRA	
STREET ADDRESS	2407 WILLOW AVE	
CITY-ST-ZIP	SANFORD FL 32771	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	julia Jones	
STREET ADDRESS	2318 Elm St. Sanford, Fla.-32771	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ASD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	philemon Cindy	
STREET ADDRESS	801 LOCUST , Ave	
CITY-ST-ZIP	Sanford, Fla. 32771	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 SMITH REQUIRED** Cynthia Smith

CR2E037 (10/02)