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FILED
Apr 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000001803 (2)
 1. Corporation Name
GOLDEN RULE CHRISTIAN SCHOOL, INC.



Principal Place of Business 5550 TWIN CREEK CIRCLE PACE FL 32571	Mailing Address 5550 TWIN CREEK CIRCLE PACE FL 32571
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3. Date Incorporated or Qualified 04/01/1997	Applied For Not Applicable
4. FEI Number 59-3436237	

2. Principal Place of Business 21 6541 Fairground Rd Suite, Apt. #, etc.	2a. Mailing Address 26 6541 Fairground Rd Suite, Apt. #, etc.
22 City & State 23 Molino, FL	27 City & State 28 Molino, FL
24 Zip 32577	25 Country USA
29 Zip 32577	30 Country USA

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**GOLDEN, JANICE M
5550 TWIN CREEK CIRCLE
PACE FL 32571**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> DELETE
NAME	GOLDEN, LUTHER V	
STREET ADDRESS	5550 TWIN CREEK CIRCLE	
CITY-ST-ZIP	PACE FL 32571	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GOLDEN, JANICE M	
STREET ADDRESS	5550 TWIN CREEK CIRCLE	
CITY-ST-ZIP	PACE FL 32571	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MARLOW, GEORGE W	
STREET ADDRESS	P.O. BOX 83	
CITY-ST-ZIP	MOLINO FL 32577	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ROBINSON, KAREN	
STREET ADDRESS	P.O. BOX 283	
CITY-ST-ZIP	MOLINO FL 32577	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Enfinger, Randy	
STREET ADDRESS	6675 Chestnut Rd	
CITY-ST-ZIP	Molino, FL 32577	
TITLE	D	<input type="checkbox"/> DELETE
NAME	Gulleage, Larry	
STREET ADDRESS	PO Box 112	
CITY-ST-ZIP	Molino, FL 32577	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE _____ DATE _____

CR2E037 (10/97)