


FILE NOW: FILING FEE IS \$61.25

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Jan 27, 1999 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # N97000001803

1. Corporation Name
GOLDEN RULE CHRISTIAN SCHOOL, INC.

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|--|--|
| Principal Place of Business 6541 FAIRGROUND RD MOLINO FL 32577 US | Mailing Address 6541 FAIRGROUND RD MOLINO FL 32577 US |
|--|--|



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|--------------------------------------|---------------------------|---|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 | 3. Date Incorporated or Qualified 04/01/1997 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 | 4. FEI Number 59-3436237 |
| City & State 23 | City & State 28 | Applied For Not Applicable |
| Zip 24 | Country 25 | 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 |

| | | | |
|---|--|---|----------------|
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | |
| GOLDEN, JANICE M 5550 TWIN CREEK CIRCLE PACE FL 32571 | | 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| | | | |
|----------------------------|------------------------------------|---|---|
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE | TD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GOLDEN, LUTHER V | 1.2 NAME | |
| STREET ADDRESS | 5550 TWIN CREEK CIRCLE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | PACE FL 32571 | 1.4 CITY-ST-ZIP | |
| TITLE | VD <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GOLDEN, JANICE M | 2.2 NAME | |
| STREET ADDRESS | 5550 TWIN CREEK CIRCLE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | PACE FL 32571 | 2.4 CITY-ST-ZIP | |
| TITLE | PD <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MARLOW, GEORGE W | 3.2 NAME | |
| STREET ADDRESS | P.O. BOX 63 | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | MOLINO FL 32577 | 3.4 CITY-ST-ZIP | |
| TITLE | SD <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ROBINSON, KAREN | 4.2 NAME | |
| STREET ADDRESS | P.O. BOX 283 | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | MOLINO FL 32577 | 4.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ENFINGER, RANDY | 5.2 NAME | |
| STREET ADDRESS | 6675 CHESTNUT RD | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | MOLINO FL 32577 | 5.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GULLEDGE, LARRY | 6.2 NAME | |
| STREET ADDRESS | P O BOX 112 | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | MOLINO FL 32577 | 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, with all other like empowered.

SIGNATURE: Luther V. Golden SIGNATURE REQUIRED Luther V. Golden 994-1439
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)