

# 2001-UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 25, 2001 8:00 am**  
**Secretary of State**

01-25-2001 90153 003 \*\*\*\*61.25

**DOCUMENT # N97000001803**

1. Entity Name

**GOLDEN RULE CHRISTIAN SCHOOL, INC.**

Principal Place of Business

6541 FAIRGROUND RD  
 MOLINO FL 32577  
 US

Mailing Address

6541 FAIRGROUND RD  
 MOLINO FL 32577  
 US

00009548



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3436237**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

SIGNATURE

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 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	<b>TD</b> <b>GOLDEN, LUTHER V</b>	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<b>5550 TWIN CREEK CIRCLE</b> <b>PACE FL 32571</b>	
TITLE NAME	<b>D</b> <b>GOLDEN, JANICE M</b>	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<b>5550 TWIN CREEK CIRCLE</b> <b>PACE FL 32571</b>	
TITLE NAME	<b>PD</b> <b>MARLOW, GEORGE W</b>	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<b>P.O. BOX 63</b> <b>MOLINO FL 32577</b>	
TITLE NAME	<b>SD</b> <b>ROBINSON, KAREN</b>	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<b>P.O. BOX 283</b> <b>MOLINO FL 32577</b>	
TITLE NAME	<b>D</b> <b>ENFINGER, RANDY</b>	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<b>6675 CHESTNUT RD</b> <b>MOLINO FL 32577</b>	
TITLE NAME	<b>VP</b> <b>GULLEDGE, LARRY</b>	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	<b>P O BOX 112</b> <b>MOLINO FL 32577</b>	

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:

*LutHER V GOLDEN*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-2001

994-1439

Date

Daytime Phone #

CR2E037 (10/00)