


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 06, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # N97000001803 1. Entity 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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01042005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3436237	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registrant and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GOLDEN, LUTHER V 5550 TWIN CREEK CIRCLE PACE, FL 32571
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLDEN, JANICE M 5550 TWIN CREEK CIRCLE PACE, FL 32571
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARLOW, GEORGE W P.O. BOX 63 MOLINO, FL 32577
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROBINSON, KAREN P.O. BOX 283 MOLINO, FL 32577
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GULLEDGE, LARRY P O BOX 112 MOLINO, FL 32577
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000172977  
 01/06/05-80024-005 61.25

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 Golden* Luther Golden - Treasurer 1-4-05 850-994-1435  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #