


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007 08:00 AM
Secretary of State

DOCUMENT # N97000001803 1. Entity Name GOLDEN RULE CHRISTIAN SCHOOL, INC.	
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Principal Place of Business 5550 TWIN CREEK CIRCLE PACE, FL 32571 US	Mailing Address 5550 TWIN CREEK CIRCLE PACE, FL 32571 US
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DO NOT WRITE IN THIS SPACE



01092007 No Chg-NP CR2E037 (4/06)

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

6. Name and Address of Current Registered Agent

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

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

Filing Fee is \$61.25
Due by May 1, 2007

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 #1 WHIRLPOOL ROAD CENTURY, FL 32535
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROBINSON, KAREN 2614 TUNNEL ROAD PACE, FL 32571
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GULLEDGE, LARRY P O BOX 112 MOLINO, FL 32577
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 01/11/07-80049-014 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Luther V. Golden 1-9-07 850-994-1439
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #