

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

**FILED  
Jul 01, 2005  
Secretary of State**

DOCUMENT# N99000005171

Entity Name: THE GOLDEN RULE FOUNDATION, INC.

**Current Principal Place of Business:**

225 S SWOOPE AVE  
STE 107  
MAITLAND, FL 32751

**New Principal Place of Business:**

**Current Mailing Address:**

225 S SWOOPE AVE  
STE 107  
MAITLAND, FL 32751

**New Mailing Address:**

FEI Number: 59-3611339      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

HAMMAN, BRAD  
867 CRANES COURT  
MAITLAND, FL 32751      US

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PDC      ( ) Delete  
Name: CONTE, JOE  
Address: 225 S SWOOPE AVE STE 107  
City-St-Zip: MAITLAND, FL 32751

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD      ( ) Delete  
Name: WHEELER, KEN  
Address: 225 S SWOOPE AVE STE 107  
City-St-Zip: MAITLAND, FL 32751

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD      ( ) Delete  
Name: HAMMAN, BRAD  
Address: 225 S SWOOPE AVE STE 107  
City-St-Zip: MAITLAND, FL 32751

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRAD HAMMAN

TD

07/01/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date