

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005171

FILED  
Jan 03, 2008  
Secretary of State

Entity Name: THE GOLDEN RULE FOUNDATION, INC.

**Current Principal Place of Business:**

225 S SWOOPE AVE  
STE 214  
MAITLAND, FL 32751

**New Principal Place of Business:**

**Current Mailing Address:**

225 S SWOOPE AVE  
STE 214  
MAITLAND, FL 32751

**New Mailing Address:**

FEI Number: 59-3611339      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

WORDEN, CLAY  
225 S. SWOOPE AVE.  
214  
MAITLAND, FL 32751 US

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

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:**

Title: PDC ( ) Delete  
Name: CONTE, JOE  
Address: 225 S SWOOPE AVE STE 214  
City-St-Zip: MAITLAND, FL 32751

Title: SD ( ) Delete  
Name: BROWN, MYRON  
Address: 225 S SWOOPE AVE STE 214  
City-St-Zip: MAITLAND, FL 32751

Title: VC ( ) Delete  
Name: WORDEN, CLAY  
Address: 225 S SWOOPE AVE STE 214  
City-St-Zip: MAITLAND, FL 32751

Title: ED ( ) Delete  
Name: VALES, HENRY F  
Address: 225 S SWOOPE AVE STE 214  
City-St-Zip: MAITLAND, FL 32751

Title: TD ( ) Delete  
Name: GALLAGHER, GERALDINE  
Address: 225 S SWOOPE AVE STE 214  
City-St-Zip: MAITLAND, FL 32751

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: HENRY F VALES

ED

01/03/2008

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

\_\_\_\_\_  
Date