

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005171

FILED
Apr 10, 2009
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 VALES

ED

04/10/2009

Electronic Signature of Signing Officer or Director

Date