

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90059 016 ****70.00

DOCUMENT # N42923

1. Corporation Name

GOLDENRULE HOUSING & COMMUNITY DEVELOPMENT CORP.

Principal Place of Business

**417 E 2ND STREET
SANFORD FL 32771
US**

Mailing Address

**417 E 2ND STREET
SANFORD FL 32771
US**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

Country

3. Date Incorporated or Qualified

04/08/1991

4. FEI Number

59-3063080

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

**HAMILTON-SMITH, CYNTHIA
525 DOCTOR'S DRIVE
OMIEDO FL 32765**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE
NAME **WILLIAMS, VELMA**
STREET ADDRESS **1605 17TH STREET**
CITY-ST-ZIP **SANFORD FL**

TITLE **VD** ☒ DELETE
NAME **PIERCE, MARVA**
STREET ADDRESS **115 HUGHES AVENUE**
CITY-ST-ZIP **SANFORD FL**

TITLE **SD** ☒ DELETE
NAME **MITCHELL, GENEVA**
STREET ADDRESS **1205 GOLDEN GATE CIRCLE**
CITY-ST-ZIP **SANFORD FL**

TITLE **ASD** ☒ DELETE
NAME **EDGE, CARLTON**
STREET ADDRESS **PO BOX 470111 N/A**
CITY-ST-ZIP **LAKE MONROE FL**

TITLE **TD** ☐ DELETE
NAME **BRYANT, WILBERT**
STREET ADDRESS **PO BOX 621778 N/A**
CITY-ST-ZIP **OMIEDO FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **EDGE, CARLTON**
1.3 STREET ADDRESS **P.O. BOX 470111**
1.4 CITY-ST-ZIP **LAKE MONROE, FL**

2.1 TITLE **VD** ☒ Change ☐ Addition
2.2 NAME **de la FUENTE, JULIANA**
2.3 STREET ADDRESS **7051 TALLOW TREE ROAD**
2.4 CITY-ST-ZIP **SANFORD, FL 32771**

3.1 TITLE **SD** ☒ Change ☐ Addition
3.2 NAME **FLAGLER, RHONDA**
3.3 STREET ADDRESS **P.O. BOX 1644**
3.4 CITY-ST-ZIP **SANFORD, FL 32772**

4.1 TITLE **ASD** ☒ Change ☐ Addition
4.2 NAME **MITCHELL, GENEVA**
4.3 STREET ADDRESS **1205 GOLDEN GATE CIRCLE**
4.4 CITY-ST-ZIP **SANFORD, FL 32771**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)