

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N42923

**Entity Name:** GOLDENRULE HOUSING & COMMUNITY DEVELOPMENT  
CORP.

**Current Principal Place of Business:**

417 E 2ND STREET  
SANFORD, FL 32771

**Current Mailing Address:**

417 E 2ND STREET  
SANFORD, FL 32771 US

**FEI Number:** 59-3063080

**Certificate of Status Desired:** Yes

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

LEWIS, JULIA M.  
228 E. 18TH STREET  
SANFORD, FL 32771 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:** JULIA M. LEWIS

09/09/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            LEWIS, JULIA M.  
Address        417 E 2ND STREET  
City-State-Zip: SANFORD FL 32771

Title            ASST. SECRETARY  
Name            FLAGLER, RHONDA  
Address        417 E. 2ND STREET  
City-State-Zip: SANFORD FL 32772

Title            VP  
Name            JONES, JULIA  
Address        2318 ELM ST  
City-State-Zip: SANFORD FL 32771

Title            T  
Name            BRYANT, WILBERT  
Address        PO BOX 621778 N/A  
City-State-Zip: OVIEDO FL

Title            SECRETARY  
Name            BRYANT, WILBERT J.  
Address        417 E 2ND STREET  
City-State-Zip: SANFORD FL 32771

*I hereby 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 all other like empowered.*

**SIGNATURE:** JULIA M. LEWIS

**PRESIDENT**

09/09/2014

Electronic Signature of Signing Officer/Director Detail

Date