

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N42923

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

**FILED**  
**Apr 30, 2013**  
**Secretary of State**  
**CC8597072302**

**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: No**

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

OYEWALE, OLATUNJI  
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:**

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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name OYEWALE, OLATUNJI  
Address 228 W. 18TH. ST.  
City-State-Zip: SANFORD FL 32771

Title AS  
Name FLAGLER, RHONDA  
Address 1810 STRAWBERRY AVE  
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 LEWIS, JULIA M  
Address 2220 HARTWELL AVE  
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**

**SECRETARY**

**04/30/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date