

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

DOCUMENT# N99000005171

**Entity Name:** THE GOLDEN RULE FOUNDATION, INC.

**Current Principal Place of Business:**

777 BENNETT DRIVE  
LONGWOOD, FL 32750

**Current Mailing Address:**

PO BOX 940866  
MAITLAND, FL 32794 US

**FEI Number: 59-3611339**

**Certificate of Status Desired: No**

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

MOORE, BENJAMIN HCPA  
720 N. MAITLAND AVE.  
SUITE 105  
MAITLAND, FL 32751 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            DIR.  
Name            DRESSLER, SHERI CHAIR  
Address        1735 FOX GLEN CT.  
City-State-Zip: WINTER SPRINGS FL 32708

Title            DIR.  
Name            CAMPBELL, JOHN M  
Address        5691 POND PINE COURT  
City-State-Zip: OVIEDO FL 32765

Title            S/T  
Name            CAMPBELL, JOHN  
Address        5691 POND PINE COURT  
City-State-Zip: OVIEDO FL 32765

Title            EDIR  
Name            VALES, HENRY FSR  
Address        PO BOX 940866  
City-State-Zip: MAITLAND FL 32751

Title            DIR  
Name            SHERI            D, RESSLER  
Address        PO BOX 940866  
City-State-Zip: MAITLAND FL 32794

Title            DIR  
Name            CHUCK, WILDER ESQ.  
Address        PO BOX 940866  
City-State-Zip: MAITLAND FL 32794

Title            DIRECTOR IMMEDIATE PAST CHAIR  
Name            CONTE, JOSEPH D  
Address        C/O CONSULATE HEALTHCARE  
                  800 N. CONCOURSE PARKWAY SUITE  
                  800  
City-State-Zip: MAITLAND FL 32751

*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: HENRY FRANCIS VALES**

**EXECUTIVE DIR.**

**04/18/2014**

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

\_\_\_\_\_  
Date