

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # N42923**

1. Entity 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**

**DO NOT WRITE IN THIS SPACE**



04302007 No Chg-NP

CR2E037 (4/06)

4. FEI Number  
**59-3063080**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

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

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

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

(NOTE: Registered Agent signature required when reappointing)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
EDGE, CARLTON  
PO BOX 470111  
LAKE MONROE, FL**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SD  
FLAGLER, RHONDA  
PO BOX 1644  
SANFORD, FL 32772**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
JONES, JULIA  
2318 ELA ST  
SANFORD, FL 32771**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000760558  
05/25/07-80018-005 70.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 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 #

*Cynthia Hamilton-Smith* 4/29/07 Executive Director (407) 324-9123