

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Nov 06, 2007
Secretary of State

DOCUMENT# N99000005171

Entity Name: THE GOLDEN RULE FOUNDATION, INC.**Current Principal Place of Business:**225 S SWOOPE AVE
STE 107
MAITLAND, FL 32751**New Principal Place of Business:**225 S SWOOPE AVE
STE 214
MAITLAND, FL 32751**Current Mailing Address:**225 S SWOOPE AVE
STE 107
MAITLAND, FL 32751**New Mailing Address:**225 S SWOOPE AVE
STE 214
MAITLAND, FL 32751**FEI Number:** 59-3611339**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**WORDEN, CLAY
225 S. SWOOPE AVE.
107
MAITLAND, FL 32751 US**Name and Address of New Registered Agent:**WORDEN, CLAY
225 S. SWOOPE AVE.
214
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: CLAY WORDEN

11/06/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** PDC () Delete
Name: CONTE, JOE
Address: 225 S SWOOPE AVE STE 107
City-St-Zip: MAITLAND, FL 32751**Title:** SD () Delete
Name: BROWN, MYRON
Address: 225 S SWOOPE AVE STE 107
City-St-Zip: MAITLAND, FL 32751**Title:** TD () Delete
Name: WORDEN, CLAY
Address: 225 S SWOOPE AVE STE 107
City-St-Zip: MAITLAND, FL 32751**Title:** () Delete
Name:
Address:
City-St-Zip:**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** PDC (X) Change () Addition
Name: CONTE, JOE
Address: 225 S SWOOPE AVE STE 214
City-St-Zip: MAITLAND, FL 32751**Title:** SD (X) Change () Addition
Name: BROWN, MYRON
Address: 225 S SWOOPE AVE STE 214
City-St-Zip: MAITLAND, FL 32751**Title:** VC (X) Change () Addition
Name: WORDEN, CLAY
Address: 225 S SWOOPE AVE STE 214
City-St-Zip: MAITLAND, FL 32751**Title:** ED () Change (X) Addition
Name: VALES, HENRY F
Address: 225 S SWOOPE AVE STE 214
City-St-Zip: MAITLAND, FL 32751**Title:** TD () Change (X) Addition
Name: GALLAGHER, GERALDINE
Address: 225 S SWOOPE AVE STE 214
City-St-Zip: MAITLAND, FL 32751

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: HENRY VALES

ED

11/06/2007

Electronic Signature of Signing Officer or Director

Date