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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **750624** (9)

Corporation Name

**GOOD FELLOWSHIP HOLDING CO. INC.**

Principal Place of Business <b>DADE COUNTY POLICE ASSO. BLDG 10650 NW 25 STREET MIAMI FL 33172</b>	Mailing Address <b>145 CORYDON DR. MIAMI SPRINGS FL 33166-5016</b>
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3. Date Incorporated or Qualified

**01/15/1980**

4. FEI Number

**59-2117675**

Applied For

Not Applicable

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b> <b>3075 SW 28 ST</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State <b>23</b> <b>MIA FL</b>	City & State <b>28</b> <b>MIA FL</b>
Zip <b>24</b> <b>33133</b>	Country <b>29</b> <b>USA</b>
Country <b>25</b>	Country <b>30</b>

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SHURETTE, JOE  
2721 SW 117 AVE.  
DAVE FL 33330-1431**

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)
	<b>000002553810-9</b>
83	<b>-06/03/98-01113-025</b>
84 City	<b>*****70.00 *****70.00</b>
	<b>FL 85 Zip Code</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when renewing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SOLOLOWSKI, MARK</b>	1.2 NAME	
STREET ADDRESS	<b>368 NE 88TH STREET</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>EL-PORTAL FL 33167</b>	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHURETTE, JOE</b>	2.2 NAME	
STREET ADDRESS	<b>2721 SW 117 AVE.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DAVE FL 33330-1431</b>	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ARISTIDES, SAJEZ</b>	3.2 NAME	
STREET ADDRESS	<b>19710 SW 114 ST.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33157</b>	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LOURIDO, ALVARO</b>	4.2 NAME	
STREET ADDRESS	<b>6416 SW 14 ST.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33145</b>	4.4 CITY-ST-ZIP	
TITLE	SD	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DERINGER, WOODLAND B</b>	5.2 NAME	<b>SEC DR MYKYTKA, STANLEY T</b>
STREET ADDRESS	<b>145 CORYDON DR.</b>	5.3 STREET ADDRESS	<b>3075 SW 28 ST</b>
CITY-ST-ZIP	<b>MIAMI SPRINGS FL 33166-5016</b>	5.4 CITY-ST-ZIP	<b>MIA FL 33133</b>
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Stanley Mykytka* **STANLEY MYKYTKA** 5/29/98 3054444653

CR2E037 (10/97)