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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 750624

1. Corporation Name

GOOD FELLOWSHIP HOLDING CO. INC.

Principal Place of Business

**DADE COUNTY POLICE ASSO. BLDG
10650 NW 25 STREET
MIAMI FL 33172**

Mailing Address

**3075 SW 28 ST
MIAMI FL 33133-3505**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 **25**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 **30**

3. Date Incorporated or Qualified

01/15/1980

4. FEI Number

59-2117675

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

VD ☐ DELETE
NAME **SOKOLOWSKI, MARK**
STREET ADDRESS **305 NW 28TH STREET** **5671 SW 2nd St.**
CITY-ST-ZIP **MIAMI FL 33134**

PD ☐ DELETE
NAME **SHURETTE, JOE**
STREET ADDRESS **2721 SW 117 AVE.**
CITY-ST-ZIP **DAVE FL 33330-1431**

TD ☐ DELETE
NAME **ARISTIDES, SAIEZ**
STREET ADDRESS **19710 SW 114 ST.**
CITY-ST-ZIP **MIAMI FL 33157**

VD ☐ DELETE
NAME **LOURIDO, ALVARO**
STREET ADDRESS **6416 SW 14 ST.**
CITY-ST-ZIP **MIAMI FL 33145**

SD ☐ DELETE
NAME **MYKYTKA, STANLEY**
STREET ADDRESS **3075 SW 28 ST**
CITY-ST-ZIP **MIAMI FL 33133**

☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)