

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

FILED

98 JUN 17 PM 3:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N96000004069 (8)

1. Corporation Name

GTH FELLOWSHIP FOUNDATION, INC.

Principal Place of Business

Mailing Address

C/O GREENBERG, TRAURIG, HOFFMAN, ET. AL.  
1221 BRICKELL AVENUE  
MIAMI FL 33131

C/O GREENBERG, TRAURIG, HOFFMAN, ET. AL.  
1221 BRICKELL AVENUE  
MIAMI FL 33131

3. Date Incorporated or Qualified

08/05/1996

4. FEI Number

65-0686251

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SKOLNICK, HOLLY R  
1221 BRICKELL AVENUE  
MIAMI FL 33131

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ~~XX DELETE~~  
NAME AUSLANDER, CHARLES M  
STREET ADDRESS C/O 1221 BRICKELL AVENUE  
CITY-ST-ZIP MIAMI FL 33131

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP 800002479738--5

TITLE D ☐ DELETE  
NAME BASS, HILARIE  
STREET ADDRESS C/O 1221 BRICKELL AVENUE  
CITY-ST-ZIP MIAMI FL 33131

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D ~~XX DELETE~~  
NAME RODRIGUEZ, RAQUEL A  
STREET ADDRESS C/O 1221 BRICKELL AVENUE  
CITY-ST-ZIP MIAMI FL 33131

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME SKOLNICK, HOLLY R  
STREET ADDRESS C/O 1221 BRICKELL AVENUE  
CITY-ST-ZIP MIAMI FL 33131

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME KERRI L. BARSH  
STREET ADDRESS C/O 1221 BRICKELL AVENUE  
CITY-ST-ZIP MIAMI FL 33131

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
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.

SIGNATURE:

Holly Skolnick Holly Skolnick 4/2/98 305-579-0860

CR2E037 (10/97)



ACCOUNT NO. : 072100000032

REFERENCE : 769814 4303929

AUTHORIZATION :

*Patricia Pyjunt*

COST LIMIT : \$ 61.25

ORDER DATE : April 6, 1998

ORDER TIME : 10:57 AM

ORDER NO. : 769814-015

CUSTOMER NO: 4303929

CUSTOMER: Rebecca R. Orand, Esq  
Greenberg Traurig  
1221 Brickell Avenue

Miami, FL 33131

ANNUAL REPORT FILING

NAME: GTH FELLOWSHIP FOUNDATION,  
INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_\_ CERTIFIED COPY  
XX \_\_\_\_\_ PLAIN STAMPED COPY  
\_\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Andrew Cumper

EXAMINER'S INITIALS: \_\_\_\_\_