
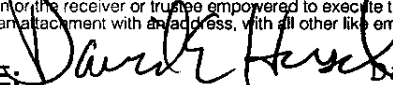


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N96000004069 1. Entity Name GTH FELLOWSHIP FOUNDATION, INC.						FILED 04 APR 29 AM 8:34 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 1221 BRICKELL AVENUE ATTN: DIR OF FINANCE MIAMI, FL 33131				Mailing Address 1221 BRICKELL AVENUE ATTN: DIR OF FINANCE MIAMI, FL 33131			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent GARRETT, RICHARD 1221 BRICKELL AVENUE SUITE 2100 MIAMI, FL 33131				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
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.				4. FEI Number 65-0686251			
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>				DATE _____			
Filing Fee is \$61.25 Due by May 1, 2004				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>			
\$5.00 May Be Added to Fees				Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BASS, HILARIE 1221 BRICKELL AVE., #2100 MIAMI, FL 33131			TITLE NAME STREET ADDRESS CITY-ST-ZIP	000035733830 05/07/04--01019--020 **61.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SKOLNICK, HOLLY R 1221 BRICKELL AVE., #2100 MIAMI, FL 33131			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARSH, KERRI L 1221 BRICKELL AVE., #2100 MIAMI, FL 33131			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ORAND, REBECCA 1221 BRICKELL AVE., #2100 MIAMI, FL 33131			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HIRSCH, DAVID 1221 BRICKELL AVENUE MIAMI, FL 33131			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. 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 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:  David Hirsch, T. April 27, 2004 305-579-0500							
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>							