

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N96000004069

1. Entity Name  
GTH FELLOWSHIP FOUNDATION, INC.



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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04022008 Chg-NP CR2E037 (12/06)

4. FEI Number  
65-0686251

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GARRETT, RICHARD  
1221 BRICKELL AVENUE  
SUITE 2100  
MIAMI, FL 33131

Name  
CorpDirect Agents, Inc.

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

515 East Park Avenue

City Tallahassee

FL Zip Code 32301

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.

SIGNATURE

*Patricia Tadlock*  
Signature, typed or printed name of registered agent and title if applicable

Patricia Tadlock, Asst. Sec.

4-29-08

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by May 1, 2008

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$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 D ☐ Delete  
NAME SAXL, STEPHEN  
STREET ADDRESS 200 PARK AVE., 29TH FLOOR  
CITY-ST-ZIP NEW YORK, NY 10166

TITLE ☐ Change ☐ Addition  
NAME 400127279844  
STREET ADDRESS 04/30/08--01009--022 \*\*61.25  
CITY-ST-ZIP

TITLE P ☐ Delete  
NAME SKOLNICK, HOLLY  
STREET ADDRESS 1221 BRICKELL AVE., #2100  
CITY-ST-ZIP MIAMI, FL 33131

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME KORNSPAN, SUSAN  
STREET ADDRESS 777 SOUTH FLAGLER DR., SUITE 300 EAST  
CITY-ST-ZIP WEST PALM BEACH, FL 33401

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME LEHR, MICHAEL  
STREET ADDRESS TWO COMMERCE SQ., SUITE 2700, 2001 MARKET ST  
CITY-ST-ZIP PHILADELPHIA, PA 19103

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME KIM, RAYMOND  
STREET ADDRESS 2450 COLORADO AVE., SUITE 400E  
CITY-ST-ZIP SANTA MONICA, CA 90404

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME VAN FLEET, ALLEN  
STREET ADDRESS 1000 LOUISIANA ST., SUITE 1800  
CITY-ST-ZIP HOUSTON, TX 77002

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #