

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N92000000573 (7)**

1. Corporation Name

**THE ARLENE UTZ HOLLINGER FOUNDATION, INC.**



Principal Place of Business

Mailing Address

325 VILLA DRIVE SOUTH  
ATLANTIS FL

2 S BISCAYNE BLVD  
SUITE 3400  
MIAMI FL 33131

3. Date Incorporated or Qualified  
**12/02/1992**

3a. Date of Last Report  
**04/24/1995**

2. Principal Place of Business  
21

2a. Mailing Address  
26

4. FEI Number  
**65-0386804**

Applied For  
Not Applicable

Suite, Apt. #, etc.  
22

Suite, Apt. #, etc.  
27

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

City & State  
23

City & State  
28

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

Zip  
24

Country  
25

Zip  
29

Country  
30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**VALDES-FAULI CORPORATE SERVICES INC.  
2 SOUTH BISCAYNE BOULEVARD  
SUITE 3400 - ONE BISCAYNE TOWER  
MIAMI FL 33131**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code **FL**

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	DP	<input type="checkbox"/> DELETE
NAME	HOLLINGER, ARLENE U	
STREET ADDRESS	325 VILLA DRIVE	
CITY-ST-ZIP	ATLANTIS FL	
TITLE	CVP	<input type="checkbox"/> DELETE
NAME	RICE, ANDREA	
STREET ADDRESS	7200 SW 48 CT	
CITY-ST-ZIP	MIAMI FL	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	RICE, MICHAEL	
STREET ADDRESS	CARLYLE STR & CLEARVIEW RD	
CITY-ST-ZIP	HANOVER PA	
TITLE	CVP	<input type="checkbox"/> DELETE
NAME	SULLIVAN, SUZANNE	
STREET ADDRESS	131 TARAPIN TRAIL	
CITY-ST-ZIP	JUPITER FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KING, ESTELLE	
STREET ADDRESS	2596 HANOVER PIKE	
CITY-ST-ZIP	HANOVER PA 17331	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LAABS, GARY L	
STREET ADDRESS	228 N STEPHEN PLACE	
CITY-ST-ZIP	HANOVER PA 17331	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Arleene M. Hollinger*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/95 (305) 376-8000  
Date Daytime Phone #

CR2E037 (12/95)