FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

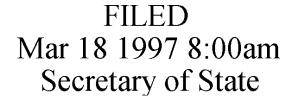
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT #

N9200000573 (7)



THE ARLENE UTZ HOLLINGER FOUNDATION, INC.						A control of the cont		
Principal Plac	e of Business	Mailing Address				i maines die cana illit nails east aest aett aeitt nail A		.
325 VILLA DRIVE SOUTH ATLANTIS FL .		SUITE 3400	2 S BISCAYNE BLVD SUITE 3400 MIAMI FL 33131-1897			3. Date Incorporated or Qualified 3a. Date of 12/02/1992 04/	d Last Rep 24/199 6	
A Dringing D	Place of Punipage	1 20 Mailing Address				4. FEI Number		
_	lace of Business	2a. Mailing Address	⊢ı			65-0386804		ied For Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, et	Suite, Apt. #, etc.				8.75 Add	
22		27	27			5. Certificate of Status Desired	Fee Requ	
City & Stat	e	City & State	City & State			6. Election Campaign Financing	\$5.00 Ma	ay Be
23		28	<u></u>			Trust Fund Contribution	Added to F	
Zιρ	Country	Zip	Cou	ntry		8. This corporation has hability for intangible tax		99.032,
24	25 9. Name and Address of Cu	29	30			Florida Statutes Yes Y N 10. Name and Address of New Registered Age	·	
	9. Name and Address of Co	ment redistered Adent		81	Name	10. Name and Address of New Registered Age	<u> </u>	
WALDEO	ENUL CORDODATE CEDVIC	EC INC						
	-FAULI CORPORATE SERVICI H BISCAYNE BOULEVARD	ES INC.		82	Street Ac	ddress (P.O. Box Number is Not Acceptable)		
	400 · ONE BISCAYNE TOWE	: D		83				
MIAMI F		я						
Min. mili	£ 00101		ļ	84	City	FL ⁸	5 Zip Cor	de
11, Pursuant office or ragent. La	to the provisions of Sections 617, registered agent, or both, in the S im familiar with, and accept the o	.0502 and 617.1508, Florida State of Florida. Such change abligations of, Section 617.05	Statutes, the at was authorized 03. Florida Stat	oove d by utes	e-named co the corpo s.	orporation submits this statement for the purpose of cha oration's board of directors. I hereby accept the appoint	nging its reg nent as reg	egistered gistered
	Signature, typed or printed name of requiling			d Age	nt signature ro	equired when rolestating) DATE		
12.		S AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DR		
TITLE	DP ADUTAGE A			1.1 TITLE		LJ	Change L	Addition
NAME CIRCULADORECO	HOLLINGER, ARLENE U 325 VILLA DRIVE			1.2 NAME 1.3 STREET ADDRESS				
STREET ADDRESS	ATLANTIS FL							
CITY-ST-ZIP	CVP			2.1 TITLE			Change	Addition
NAME	RICE, ANDREA			2.2 NAME			C. C. C.	
STREET ADDRESS	7200 SW 48 CT				ADDRESS			
City-ST-ZIP	MIAMI FL		- 1		31 - 71P			
TITLE	DST DELETE			3.1 1ITUE			Change [Addition
NAME	RICE, MICHAEL		3.2 NA	ME				
STREET ADDRESS	CARLYLE STR & CLEARVI	iew RD	3.3 \$1	REE 1	ADDRESS			
CITY-ST-ZIP	HANOVER PA		3.4 CI	Y- S	61-7IP			
TITLE	CVP	☐ DELET					Change [Additio
NAME	SULLIVAN, SUZANNE		4. 2 N	AM.				
STREET ADDRESS	131 TARAPIN TRAIL		4.3 ST	REET	ADDRESS			
CITY-ST-ZIP	JUPITER FL		4 4 00		1 - ZIP			
TITLE	D	DETE			ļ	U	Change [Addition
NAME	KING, ESTELLE		5.2 NA					
STREET ADDRESS	2596 HANOVER PIKE				ADDRESS			
CITY-ST-ZIP	HANOVER PA 17331	DELET		CITY- \$1- ZIP		П	Change [Addition
TITLE	D '	L DELE				L	Griange L	AUOHION
NAME CYPERY ADOPTION	LAABS, GARY L		6.2 NA		4DDDr.cc			
STREET ADDRESS	228 N STEPHEN PLACE				ADDRESS			
CITY-ST-ZIP	HANOVER PA 17331	valied with this filing does not	6.4 Cl			ted in Section 119 07(3Vi). Florida Statutes further cer	tify that the	

14. I do 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.

IONIATURE - 1 1 2/4 9/. 00 ...

2/5/97

(305) 32 - 2000