

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000573

FILED
May 01, 2006
Secretary of State

Entity Name: THE ARLENE UTZ HOLLINGER FOUNDATION, INC.

Current Principal Place of Business:

6161 N. OCEAN BLVD
OCEAN RIDGE, FL 33455

New Principal Place of Business:

Current Mailing Address:

2 S BISCAYNE BLVD
SUITE 3400
MIAMI, FL 33131

New Mailing Address:

FEI Number: 65-0386804 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

GY CORPORATE SERVICES INC.
2 SOUTH BISCAYNE BOULEVARD
SUITE 3400 - ONE BISCAYNE TOWER
MIAMI, FL 33131 US

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.

SIGNATURE: GY CORPORATE SERVICES, INC.

05/01/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: RICE, ANDREA
Address: 7200 CAPILLA CT
City-St-Zip: CORAL GABLES, FL 33143

Title: DST () Delete
Name: RICE, MICHAEL
Address: 900 HIGH ST
City-St-Zip: HANOVER, PA 17331

Title: CVP () Delete
Name: RICE, SUZANNE
Address: 6161 N OCEAN BLVD
City-St-Zip: OCEAN RIDGE, FL 33435

Title: D () Delete
Name: KING, ESTELLE
Address: 2596 HANOVER PIKE
City-St-Zip: HANOVER, PA 17331

Title: D () Delete
Name: LAABS, GARY L
Address: 228 N STEPHEN PLACE
City-St-Zip: HANOVER, PA 17331

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVP (X) Change () Addition
Name: RICE, ANDREA
Address: 7200 CAPILLA CT
City-St-Zip: CORAL GABLES, FL 33143

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DP (X) Change () Addition
Name: RICE, SUZANNE
Address: 6161 N OCEAN BLVD
City-St-Zip: OCEAN RIDGE, FL 33435

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL RICE

S

05/01/2006

Electronic Signature of Signing Officer or Director

Date