

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N92000000573

**FILED**  
**Feb 10, 2014**  
**Secretary of State**  
**CC7681813458**

**Entity Name:** THE ARLENE UTZ HOLLINGER FOUNDATION, INC.

**Current Principal Place of Business:**

6161 N. OCEAN BLVD  
OCEAN RIDGE, FL 33455

**Current Mailing Address:**

2801 EXCHANGE COURT  
WEST PALM BEACH, FL 33409

**FEI Number:** 65-0386804

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

COCHRANE JR, THOMAS E  
2801 EXCHANGE COURT  
WEST PALM BEACH, FL 33409 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title DVP  
Name RICE, ANDREA  
Address 7200 CAPILLA CT  
City-State-Zip: CORAL GABLES FL 33143

Title DST  
Name RICE, MICHAEL  
Address 900 HIGH ST  
City-State-Zip: HANOVER PA 17331

Title DP  
Name RICE, SUZANNE  
Address 6161 N OCEAN BLVD  
City-State-Zip: OCEAN RIDGE FL 33435

Title D  
Name KING, ESTELLE  
Address 2596 HANOVER PIKE  
City-State-Zip: HANOVER PA 17331

Title D  
Name LAABS, GARY L  
Address 228 N STEPHEN PLACE  
City-State-Zip: HANOVER PA 17331

*I hereby 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 all other like empowered.*

**SIGNATURE:** SUZANNE RICE

**DP**

**02/10/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date