

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000573

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 33143Title DST
Name RICE, MICHAEL
Address 900 HIGH ST
City-State-Zip: HANOVER PA 17331Title DP
Name RICE, SUZANNE
Address 6161 N OCEAN BLVD
City-State-Zip: OCEAN RIDGE FL 33435Title D
Name KING, ESTELLE
Address 2596 HANOVER PIKE
City-State-Zip: HANOVER PA 17331Title 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: ANDREA RICE**DVP****01/30/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date