

**2024 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F16000001717

**Entity Name:** ARTHUR N. RUPE FOUNDATION, INC.

**Current Principal Place of Business:**

158 WEST GAY STREET, SUITE 210  
WEST CHESTER, PA 19380

**Current Mailing Address:**

PO BOX 3588  
SANTA BARBARA, CA 93130 US

**FEI Number:** 77-0278838

**Certificate of Status Desired:** No

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

INCORP SERVICES, INC.  
3458 LAKESHORE DRIVE  
TALLAHASSEE, FL 32312 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           TREASURER, DIRECTOR  
Name           HUGGINS, JAMES S  
Address        158 WEST GAY STREET, SUITE 210  
City-State-Zip: WEST CHESTER PA 19380

Title           PRESIDENT  
Name           HENRIE, MARK C  
Address        158 WEST GAY STREET, SUITE 210  
City-State-Zip: WEST CHESTER PA 19380

Title           SECRETARY  
Name           VAN AACKEN, SUSAN C  
Address        PO BOX 3588  
City-State-Zip: SANTA BARBARA CA 93130-3588

Title           DIRECTOR  
Name           SCHWARZ, BEVERLY M  
Address        158 WEST GAY STREET, SUITE 210  
City-State-Zip: WEST CHESTER PA 19380

Title           DIRECTOR  
Name           DENNIS, KIM  
Address        158 WEST GAY STREET, SUITE 210  
City-State-Zip: WEST CHESTER PA 19380

Title           DIRECTOR  
Name           O'BRIEN, MATTHEW B  
Address        158 WEST GAY STREET, SUITE 210  
City-State-Zip: WEST CHESTER PA 19380

Title           DIRECTOR  
Name           BERRY, JONATHAN  
Address        158 WEST GAY STREET, SUITE 210  
City-State-Zip: WEST CHESTER PA 19380

Title           DIRECTOR  
Name           MENDOZA, VANESSA  
Address        158 WEST GAY STREET, SUITE 210  
City-State-Zip: WEST CHESTER PA 19380

*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:** SUSAN C. VAN AACKEN

**SECRETARY**

**02/16/2024**

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

\_\_\_\_\_  
Date