2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2005 8:00 am Secretary of State

DOCUMENT # N9200000573 1. Entity Name THE ARLENE UTZ HOLLINGER FOUNDATION, INC.					05-03-2005 90129 018 ****61.25				
Principal Place of Business 325 VILLA DRIVE SOUTH ATLANTIS, FL . Mailing Address 2 S BISCAYNE BLVD SUITE 3400 MIAMI, FL 33131									
2. Principal Place of Business 616 N. OCEAN BIND.		3. Mailing Address]					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01122005 C	hg-NP	CR2E0	37 (10/03)		
Ocean Ridge, Pr		City & State	City & State		4. FEI Number 65-03868	04		 	oplied For ot Applicable
Zip 3345	Country	Zip	Country		5. Certificate of S	itatus Desired		\$8.75 Add	ditional
	6. Name and Address of Current I	Registered Agent			7. Name and Ad	dress of New	Registered	Agent	
VALDES-FAULI CORPORATE SERVICES INC.			Nar	ne					
2 SOUTH	BISCAYNE BOULEVARD 00 - ONE BISCAYNE TOWER	5 II1C.	Stre	Street Address (P.O. Box Number is Not Acceptable)					
	-33131								
			City				FL	Zip Cod	e
8. The above the obliga	e named entity submits this statement for tions of registered agent.	the purpose of changing its re	gistered offic	ce or register	red agent, or both, in	the State of F	Florida. I am	familiar with,	and accept
SIGNATURE									
		and sittle of exercise to the COTO D				-	2.75		
	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: R	tegistered Agent s	signature required	t when reinstating)		DATE		
		9. Election Camp Trust Fund Cor	aign Financi		\$5.00 May Be Added to Fees		Make checi	k payable to	
10.	Signature, typed or printed name of registered agent a Filling Fee is \$61.25	9. Election Camp Trust Fund Cor	aign Financi	ng 🗀	\$5.00 May Be Added to Fees	Flo	Make checi orida Depar	rtment of Si	late
	Signature, typed or printed name of registered agent a Filling Fee is \$61.25 Due by May 1, 2005	9. Election Camp Trust Fund Cor	aign Financii ntribution.	ng 🗀	\$5.00 May Be	Flo	Make checi orida Depar	RECTORS IN	tate
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12. I 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 report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIREC

ec/Treasuro 4

1/4/05 (7/7)637-6644