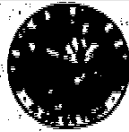


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 18 PM 11:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N01231 (2)

1. Corporation Name
**PUBLIC HEALTH NURSING INSERVICE FOUNDATION OF BR
BROWARD COUNTY, INC.**

Principal Place of Business	Mailing Address
1630 NW 25TH AVE 2421 SW SIXTH AVENUE FT. LAUDERDALE FL 33311-522 US	1630 NW 25 AVE 2421 SW SIXTH AVENUE FT. LAUDERDALE FL 33311-522 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/03/1984	3a. Date of Last Report 05/01/1994
4. FEI Number 59-2389815	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 100.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 2421-A SW 6th Avenue	2a. Mailing Address 25 2421-A SW 6th Avenue
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Ft. Lauderdale, FL	City & State 28 Ft. Lauderdale, FL
Zip 24 33311-522	Country 25 Broward
Zip 29 33311-522	Country 30 Broward

8. Name and Address of Current Registered Agent
**BRAYNON, CORA E.
1630 NW 25 AVE
FT. LAUDERDALE FL 33315**

10. Name and Address of New Registered Agent

81 Name Maria Schwind
82 Street Address (P.O. Box Number is Not Acceptable) 1115 N. 13th Terrace
83
84 City Hollywood
85 Zip Code FL 33019

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Maria Schwind* **Maria Schwind** DATE **4-12-95**

12. OFFICERS AND DIRECTORS

TITLE PD	NAME BRAYNON, CORA EAVES
STREET ADDRESS 1630 NW 25TH AVE.	CITY - ST - ZIP FT. LAUDERDALE FL 22
TITLE SD	NAME GROVES, ELIZABETH
STREET ADDRESS 4329 CORAL SPRINGS DR	CITY - ST - ZIP DORAL SPRINGS FL
TITLE TD	NAME HORTON, MARKEAN
STREET ADDRESS 3228 NE 14TH ST #1	CITY - ST - ZIP POMPANO BCH FL
TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME
STREET ADDRESS	CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME Schwind, Maria	
1.3 STREET ADDRESS 1115 N. 13th Terrace	
1.4 CITY - ST - ZIP Hollywood, FL 33019	
2.1 TITLE TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME Groves, Elizabeth	
2.3 STREET ADDRESS 4329 Coral Springs Drive	
2.4 CITY - ST - ZIP Coral Springs, FL 33065	
3.1 TITLE SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME Hill, Deborah	
3.3 STREET ADDRESS 4751 NW 18th Street	
3.4 CITY - ST - ZIP Lauderhill, FL 33313	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Maria Schwind* **Maria Schwind** DATE **4-12-95** DAYTIME PHONE # **467-4814**