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May 04, 1999 8:00 am  
Secretary of State

05-04-1999 90117 039 \*\*\*\*61.25

U.S. 1/43

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N01231**

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

Principal Place of Business 2421-A SW 6TH AVENUE FT. LAUDERDALE FL 33315 US	Mailing Address 2421-A SW 6TH AVENUE FT. LAUDERDALE FL 33315 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 02/03/1984
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2389815
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SCHWIND, M ARIA 1115 N. 13TH TERRACE HOLLYWOOD FL 33019		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHWIND, MARIA	1.2 NAME	
STREET ADDRESS	1115 N. 13TH TERRACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	1.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROVES, ELIZABETH	2.2 NAME	
STREET ADDRESS	4329 CORAL SPRINGS DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILL, DEBORAH	3.2 NAME	
STREET ADDRESS	4881 NW 72ND TERRACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAUDERHILL FL 33319	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: Maria Schwind SIGNATURE REQUIRED Maria Schwind 4/26/99 (954) 467-4814  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)