


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2004 8:00 am
Secretary of State

04-15-2004 90003 011 ****61.25

DOCUMENT # N01231	
1. Entity Name PUBLIC HEALTH NURSING INSERVICE FOUNDATION OF BROWARD COUNTY, INC.	

Principal Place of Business 780 SW 24 ST. FORT LAUDERDALE, FL 33315-2683 US	Mailing Address 780 SW 24 ST. FORT LAUDERDALE, FL 33315-2683 US
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54033390



02122004 No Chg-NP CR2E037 (10/03)

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4. FEI Number 59-2389815	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KORENMAN, GLORIA
 7591 SW 42 PL.
 DAVIE, FL 33314

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Gloria Korenman DATE 4/7/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing, Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KORENMAN, GLORIA 7591 SW 42 PL. DAVIE, FL 33314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HILL, DEBORAH 4881 NW 72ND TERRACE LAUDERHILL, FL 33319
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GRIFFITHS, JOY 1219 NW 16 ST FORT LAUDERDALE, FL 33311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Gloria Korenman DATE 4/7/04 Daytime Phone # (954) 467-4858
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #