

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 17, 2006 08:00 AM
Secretary of State**

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
**1219 NW 16 STREET
FORT LAUDERDALE, FL 33311 US**



03242006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2389815	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KORENMANN, GLORIA
7591 SW 42 PL.
DAVIE, FL 33314**

**DO NOT WRITE
IN THIS SPACE**

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 _____

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, 2006**

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	

1100000514014
04/29/06-80151-021 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gloria Korenman

4/6/06 (954) 467-4858

Date

Daytime Phone #