

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 12, 2003 8:00 am
Secretary of State

05-12-2003 90233 010 ****61.25

DOCUMENT # N01231

1. Entity 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

10104091



2. Principal Place of Business

780 S.W. 24 St.

3. Mailing Address

780 S.W. 24 St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

Ft. Lauderdale

City & State

Ft. Lauderdale

4. FEI Number 59-2389815

Applied For.
 Not Applicable

Zip

33315-2883

Country

Broward

Zip

33315-2683

Country

Broward

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GROVES, ELIZABETH
4329 CORAL SPRINGS DR
CORAL SPRINGS FL 33065

7. Name and Address of New Registered Agent

Name **GLORIA KORENMAN**

Street Address (P.O. Box Number is Not Acceptable)

7591 SW 42 PL

DAVIE, FL. 33314

City

FL

Zip Code

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*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME GROVES, ELIZABETH Delete
STREET ADDRESS 4329 CORAL SPRINGS DR
CITY-ST-ZIP CORAL SPRINGS FL 33065

TITLE SD
NAME HILL, DEBORAH Delete
STREET ADDRESS 4881 NW 72ND TERRACE
CITY-ST-ZIP LAUDERHILL FL 33319

TITLE TD
NAME GRIFFITHS, JOY Delete
STREET ADDRESS 1219 NW 16 ST
CITY-ST-ZIP FORT LAUDERDALE FL 33311

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME KORENMAN, GLORIA Change Addition
STREET ADDRESS 7591 SW 42 PL
CITY-ST-ZIP DAVIE, FL 33314

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/03

954-467-4858
Date Daytime Phone #

CR2E037 (10/02)