

**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)

4. FEI Number
59-2389815

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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

Gloria Korenman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/6/06 (954) 467.4858