

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 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**



04092007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2389815**

Applied For  
Not Applicable

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 \$81.25  
Due by May 1, 2007**

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

U00000725129  
05/03/07-80010-001 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 Karenman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/16/07 (954) 467-4858*  
Date Daytime Phone #