

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010094

FILED  
Feb 11, 2007  
Secretary of State

**Entity Name:** PENNING HEALTH & NURSING SUPPORT, INC.

**Current Principal Place of Business:**

737 CRESTMONT DR  
WAYNESVILLE, NC 28786

**New Principal Place of Business:**

**Current Mailing Address:**

737 CRESTMONT DR  
WAYNESVILLE, NC 28786

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

EMAS, JOSEPH I  
1224 WASHINGTON AVENUE  
MIAMI BEACH, FL 33139      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: P                      ( ) Delete  
Name: POLAK-DALY, INGRID YVONNE  
Address: 4170 INVERRARY DRIVE, APT #402  
City-St-Zip: LAUDERHILL, FL 33319

Title: VP                      ( ) Delete  
Name: GUMMELS-WESOLICK, PENELOPE JANE  
Address: 737 CRESTMONT DRIVE  
City-St-Zip: WAYNESVILLE, NC 28786

Title: D                      ( ) Delete  
Name: WALTHER DALY, CLAVEL  
Address: 4156 INVERRARY DRIVE APT #307  
City-St-Zip: LAUDERHILL, FL 33319

Title: D                      ( ) Delete  
Name: BRANDON, MONICA  
Address: INDIRA GANDHI STREET 990,  
City-St-Zip: DISTRICT PARA, SA SURINAME SA

Title: D                      ( ) Delete  
Name: DE VRIES, MARIJKE  
Address: 165 CATHARINE AVE  
City-St-Zip: BRANTFORD, ON N3T 1Y8 CA

Title:                      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:                      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D/S                      ( ) Change (X) Addition  
Name: ABENDANON-BRUIENDAA, ANNE ROSE  
Address: 737 CRESTMONT DR  
City-St-Zip: WAYNESVILLE, NC 28786

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: INGRID POLAK DALY

P

02/11/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date