


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

*pd 2/17/05*  
**FILED 1204**  
**Feb 16, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N05668</b> 1. Entity Name <b>GERI MALLOY MALINER NURSING SCHOLARSHIP FOUNDATION, INC.</b>	
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Principal Place of Business <b>% ROBERT MALINER 4510 BUCHANAN STREET HOLLYWOOD FL 33021</b>	Mailing Address <b>% ROBERT MALINER 4510 BUCHANAN STREET HOLLYWOOD FL 33021</b>
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2. Principal Place of Business Suite, Apt #, etc	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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 1st MOORE CR2E037 (10/04)

4. FEI Number <b>59-2456382</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>MALINER, ROBERT 4510 BUCHANAN STREET HOLLYWOOD FL 33021</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD MALINER, ROBERT	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALINER, ROBERT	NAME	
STREET ADDRESS	4510 BUCHANAN ST	STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	CITY-ST-ZIP	1100000232092 02/16/05-80062-003 61.25
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	D RESCINITI, S ED	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RESCINITI, S ED	NAME	
STREET ADDRESS	35 PARK AVE	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	T MALINER, VERONICA	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALINER, VERONICA	NAME	
STREET ADDRESS	4510 BUCHANAN ST	STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33021	CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** *Robert H. Maliner* **ROBERT H. MALINER** 2/2/05 204 966-7000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #