


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

**FILED**  
**Jan 31, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # N05668  
 1. Entity Name  
 GERI MALLOY MALINER NURSING SCHOLARSHIP FOUNDATION, INC.



Principal Place of Business      Mailing Address  
 % ROBERT MALINER                      % ROBERT MALINER  
 4510 BUCHANAN STREET                4510 BUCHANAN STREET  
 HOLLYWOOD, FL 33021                    HOLLYWOOD, FL 33021

**DO NOT WRITE IN THIS SPACE**



01232007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2456382	Applied For Not Applicable
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5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 MALINER, ROBERT  
 4510 BUCHANAN STREET  
 HOLLYWOOD, FL 33021

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-issuing)

**Filing Fee is \$61.25  
 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

U00000612439  
 02/02/07-80106-011 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MALINER, ROBERT 4510 BUCHANAN ST HOLLYWOOD, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RESCINITI, S ED 35 PARK AVE NEW YORK, NY
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MALINER, VERONICA 4510 BUCHANAN ST HOLLYWOOD, FL 33021
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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 empowerment.

SIGNATURE: *Robert Maliner*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date \_\_\_\_\_      Daytime Phone # \_\_\_\_\_