

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 22, 2008
Secretary of State**

DOCUMENT# N05668

Entity Name: GERI MALLOY MALINER NURSING SCHOLARSHIP FOUNDATION, INC.

Current Principal Place of Business:

% ROBERT MALINER
4510 BUCHANAN STREET
HOLLYWOOD, FL 33021

New Principal Place of Business:

Current Mailing Address:

% ROBERT MALINER
4510 BUCHANAN STREET
HOLLYWOOD, FL 33021

New Mailing Address:

FEI Number: 59-2456382 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MALINER, ROBERT
4510 BUCHANAN STREET
HOLLYWOOD, FL 33021 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: PD () Delete
Name: MALINER, ROBERT,
Address: 4510 BUCHANAN ST
City-St-Zip: HOLLYWOOD, FL

Title: D () Delete
Name: RESCINITI, S ED,
Address: 35 PARK AVE
City-St-Zip: NEW YORK, NY

Title: T () Delete
Name: MALINER, VERONICA
Address: 4510 BUCHANAN ST
City-St-Zip: HOLLYWOOD, FL 33021

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:

I hereby certify that the information supplied with this filing does not qualify 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: ROBERT MALINER

PD

01/22/2008

Electronic Signature of Signing Officer or Director

_____ Date