

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 727618

(1)

1. Corporation Name

WOMEN OF THE STABLE, INC.

Principal Place of Business

2851 STIRLING ROAD
FT. LAUDERDALE FL 33312

Mailing Address

2851 STIRLING ROAD
FT. LAUDERDALE FL 33312



800001778788

04/12/96--01081--013

3. Date of Incorporation or Qualified
10/02/1973

3a. Date of Last Report
03/23/1995

2. Principal Place of Business

21 ST MAURICE CATHOLIC CHURCH

2a. Mailing Address

26 2851 STIRLING RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 FT LAUD, FL 33312

City & State

28 FT LAUDERDALE, FL

Zip

24 33312

Country

25 USA

Zip

29 33312

Country

30 USA

4. FEI Number
59-1323079

Applied For
☒ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

O'BRIEN, SUZANNE
3420 ISLAND DR.
MIRAMAR FL 33023

81 Name

FALZONE, ANNIE

82

Street Address (P.O. Box Number is Not Acceptable)

5700 N PARK ROAD

83

84 City

FT LAUDERDALE

FL

85 Zip Code
33312

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Annie Falzone
Signature, typed or printed name of registered agent, and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	O'BRIEN, SUZANNE	
STREET ADDRESS	3420 ISLAND DR.	
CITY-ST-ZIP	MIRAMAR FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	BILHAM, ANGELIA	
STREET ADDRESS	3181 SW 44TH ST.	
CITY-ST-ZIP	DANIA FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	MATERIAL, JANICE	
STREET ADDRESS	243 BRIARWOOD CIR.	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	MOTTO, SHARON	
STREET ADDRESS	4251 SW 53RD AVE.	
CITY-ST-ZIP	DAVIE FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	EMERY, CATHERINE	
STREET ADDRESS	275 GATE ROAD #103	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ALEXANDER, MARIA	
STREET ADDRESS	1738 PLUNKET ST.	
CITY-ST-ZIP	HOLLYWOOD FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ANNIE FALZONE	
1.3 STREET ADDRESS	5700 N PARK RD, FT LAUDERDALE, FL 33312	
1.4 CITY-ST-ZIP		
2.1 TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MARIE ELENA PINTO	
2.3 STREET ADDRESS	2620 SW 54th PLACE	
2.4 CITY-ST-ZIP	FT LAUDERDALE, FL 33312	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	REMAINS THE SAME	
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	CATHERINE EMERY	
4.3 STREET ADDRESS	275 GATE RD #103	
4.4 CITY-ST-ZIP	HOLLYWOOD, FL 33024	
5.1 TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	LEE CASTALDI	
5.3 STREET ADDRESS	2578 E MARINA DR	
5.4 CITY-ST-ZIP	FT LAUDERDALE, FL 33312	
6.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	SUZANNE O'BRIEN	
6.3 STREET ADDRESS	3420 ISLAND BLVD	
6.4 CITY-ST-ZIP	MIRAMAR FL	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Annie Falzone
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANNIE FALZONE

Date

2/12/96

Daytime Phone #

56-412-46

CR2E037 (12/95)