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FILED

Feb 13 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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

Mailing Address

ST. MAURICE CATHOLIC CHURCH  
2851 STIRLING RD  
FT. LAUDERDALE FL 333122851 STIRLING RD  
FT LAUDERDALE FL 33312-65233. Date Incorporated or Qualified  
10/02/19733a. Date of Last Report  
04/12/1996

2. Principal Place of Business

2a. Mailing Address

21 ST MAURICE CATHOLIC CHURCH  
Suite, Apt. #, etc.26 2851 STIRLING ROAD  
Suite, Apt. #, etc.

4. FEI Number

59-1323079

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No23 FT LAUDERDALE, FL 33312  
City & State28 FT LAUDERDALE, FL 33312  
City & State24 33312  
Zip25 BROWARD USA  
Country29 33312  
Zip30 BROWARD USA  
Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FALZONE, ANNIE  
5700 N PARK RD  
FT LAUDERDALE FL 33312

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD *PRESIDENT* ☐ DELETE  
NAME FALZONE, ANNIE  
STREET ADDRESS 5700 N PARK RD  
CITY-ST-ZIP FT LAUDERDALE FL 333121.1 TITLE PRESIDENT ☐ Change ☐ Addition  
1.2 NAME ANNIE FALZONE  
1.3 STREET ADDRESS 5700 N PARK RD. FT. LAUD, FL 33312  
1.4 CITY-ST-ZIPTITLE VD *V. PRESIDENT* ☐ DELETE  
NAME PINTO, MARIE E  
STREET ADDRESS 2620 SW 54 PL T.  
CITY-ST-ZIP FT LAUDERDALE FL 333122.1 TITLE VICE PRESIDENT ☐ Change ☐ Addition  
2.2 NAME MARIE ELENA PINTO  
2.3 STREET ADDRESS 2620 SW 54th PLACE  
2.4 CITY-ST-ZIPTITLE D *2ND V. Pres.* ☐ DELETE  
NAME MATERIAL, JANICE  
STREET ADDRESS 243 BRIARWOOD CIR.  
CITY-ST-ZIP HOLLYWOOD FL3.1 TITLE *2ND VICE PRESIDENT* ☐ Change ☐ Addition  
3.2 NAME DV JANICE MATERIALE  
3.3 STREET ADDRESS 243 BRIARWOOD CIRCLE HLWD, FL 33024  
3.4 CITY-ST-ZIPTITLE SD *SECRETARY* ☐ DELETE  
NAME EMERY, CATHERINE  
STREET ADDRESS 275 GATE RD #103  
CITY-ST-ZIP HOLLYWOOD FL 330244.1 TITLE S *SECRETARY* ☐ Change ☐ Addition  
4.2 NAME CATHERINE EMERY  
4.3 STREET ADDRESS 275 GATE RD #103  
4.4 CITY-ST-ZIP HLWD, FL 33024TITLE D *Past President* ☐ DELETE  
NAME O'BRIEN, SUZANNE  
STREET ADDRESS 3420 ISLAND BLVD  
CITY-ST-ZIP MIRAMAR FL5.1 TITLE T *TREASURER* ☐ Change ☐ Addition  
5.2 NAME LEE CASTALDI  
5.3 STREET ADDRESS 2578 E MARINA DRIVE  
5.4 CITY-ST-ZIP FT LAUD, FL 33312TITLE D *Past V. President* ☐ DELETE  
NAME ALEXANDER, MARIA  
STREET ADDRESS 1738 PLUNKET ST.  
CITY-ST-ZIP HOLLYWOOD FL6.1 TITLE *PAST PRESIDENT* ☐ Change ☐ Addition  
6.2 NAME SUZANNE O BRIAN  
6.3 STREET ADDRESS 3420 ISLAND DR  
6.4 CITY-ST-ZIP MIRAMAR, FL

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0036118

CR2E037 (9/96)