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Mar 10, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 727618

1. Corporation Name

WOMEN OF THE STABLE, INC.

Principal Place of Business

ST. MAURICE CATHOLIC CHURCH
FT. LAUDERDALE FL 33312
US

Mailing Address

2851 STIRLING RD
FT LAUDERDALE FL 33312
US



2. Principal Place of Business 21 ST MAURICE CATHOLIC CHURCH Suite, Apt. #, etc.	2a. Mailing Address 26 2851 STIRLING ROAD Suite, Apt. #, etc.	3. Date Incorporated or Qualified 10/02/1973
22 City & State 23 FT. LAUD. FL. 33312	27 City & State 28 FT. LAUD. FLORIDA	4. FEI Number 59-1323079 Applied For <input checked="" type="checkbox"/> Not Applicable
24 33312 25 USA	29 33312 30 USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

PINTO, MARIA-ELENA
2620 SW 54TH PL
FT LAUDERDALE FL 33312

81 Name

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

83

84 City

FL

85

Zip Code

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 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PINTO, MAIRA-ELENA	1.2 NAME	
STREET ADDRESS	2620 SW 54TH PL	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33312	1.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATERIALE, JANICE	2.2 NAME	
STREET ADDRESS	243 BRIARWOOD CIR	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33024	2.4 CITY-ST-ZIP	
TITLE	VP <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BULMAN, SHIRLEY	3.2 NAME	CHARLOTTE SLOBODA
STREET ADDRESS	7931 NW 10TH CT	3.3 STREET ADDRESS	1504 S.W. 110 WAY
CITY-ST-ZIP	PLANTATION FL 33322	3.4 CITY-ST-ZIP	DAVIE, FL. 33324
TITLE	DT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARINO, ELSIE	4.2 NAME	
STREET ADDRESS	2953 SW 54TH ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33312	4.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TULACRO, THERESA	5.2 NAME	RENEE MARSHALL
STREET ADDRESS	7931 NW 10TH CT	5.3 STREET ADDRESS	1021 MOCKINGBIAD LANE
CITY-ST-ZIP	PLANTATION FL 33322	5.4 CITY-ST-ZIP	PLANTATION FL. 33324 #306
TITLE	P <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FALZONE, ANNIE	6.2 NAME	
STREET ADDRESS	5700 N PARK RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33312	6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: **MARIA-ELENA PINTO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-99 954 9635946

Date

Daytime Phone #

CR2E037 (11/98)