

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 29, 2004 8:00 am
Secretary of State

07-29-2004 90014 047 ****61.25

DOCUMENT # 727618

1. Entity 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

44050504



MOORE

CR2E037 (4/04)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

NO-T APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RIENZO, MARIA
703 HIGHLANDS DR
HOLLYWOOD FL 33021

Name

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

City

FL

Zip Code

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

CLARINTA MAINS
(NOTE: Registered Agent signature required when reinstating)

7/26/04
DATE

FILE NOW: FEE IS \$61.25
Due By September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	RIENZO, MARIA	
STREET ADDRESS	703 N HIGHLANDS DR	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SCHMITT, MARYANN	
STREET ADDRESS	3921 ROOSEVELT ST.	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	FERRANTE, PROVIDENCE	
STREET ADDRESS	6780 SW 12TH ST	
CITY-ST-ZIP	PEMBROKE PINES FL 33026	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MCCOY, PAULA	
STREET ADDRESS	1016 N. 13 TERR.	
CITY-ST-ZIP	HOLLYWOOD FL 33021	
TITLE	DT	<input checked="" type="checkbox"/> Delete
NAME	CAPPELLA, PAT	
STREET ADDRESS	9450 NW 5TH ST	
CITY-ST-ZIP	PEMBROKE PINES FL 33024	
TITLE	DR	<input checked="" type="checkbox"/> Delete
NAME	QUATTROCIOCCI, SHIRLEY	
STREET ADDRESS	4958 SW 92 TERR.	
CITY-ST-ZIP	COOPER CITY FL 33328	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Rubis, Lisa	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10741 Clearing Blvd #202	
STREET ADDRESS	Plantation, FL 33324	(Pres)
CITY-ST-ZIP		
TITLE	O'Connor Eileen	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1751 SW 32nd St	
STREET ADDRESS	Ft. Laud. FL 33324	(Vice Pres)
CITY-ST-ZIP		
TITLE	Mains, Clarinta	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5860 NW 64th Ave #112	
STREET ADDRESS	Tamara, FL 33319	Treasurer
CITY-ST-ZIP		
TITLE	Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	McCoy, Paula	
STREET ADDRESS	100 Same as Before	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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 empowered.

SIGNATURE: Clarinta Mains CLARINTA MAINS 7/26/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #