

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Feb 18, 2005 08:00 AM**  
**Secretary of State**

**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

2. Principal Place of Business

3. Mailing Address



1st MOORE

CR2E037 (10/04)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NO-T APPLICABLE

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

MAINS, CLORINTA  
5860 NW 64TH AVE #112  
FORT LAUDERDALE FL 33319

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

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

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

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2005**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME KUBIS, LISA ☐ Delete  
STREET ADDRESS 10741 CLEARY BLVD #202  
CITY- ST- ZIP PLANTATION FL 33324

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS 000000235199  
CITY- ST- ZIP 02/18/05-80051-015 61.25

TITLE  
NAME VP ☐ Delete  
STREET ADDRESS O' CONNOR, EILEEN  
CITY- ST- ZIP 1751 SW 32ND ST  
FORT LAUDERDALE FL 33324

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME T ☐ Delete  
STREET ADDRESS MAINS, CLORINTA  
CITY- ST- ZIP 5860 NW 64TH AVE #112  
TAMARAC FL 33319

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME SD ☐ Delete  
STREET ADDRESS MCCOY, PAULA  
CITY- ST- ZIP 1016 N. 13 TERR.  
HOLLYWOOD FL 33021

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ 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:**

*Clorinta Mains*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/3/05 1-954-722-0093

Date

Daytime Phone #