2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#727618

FILED Apr 04, 2007 Secretary of State

Entity Name: WOMEN OF THE STABLE, INC.

Current Principal Place of Business: New Principal Place of Business:

ST. MAURICE CATHOLIC CHURCH FT. LAUDERDALE, FL 33312

Current Mailing Address: New Mailing Address:

2851 STIRLING RD FT LAUDERDALE, FL 33312 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MCCOY, PAULA 1016 N 15TH TERR FORT LAUDERDALE, FL 33319 US

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.

SIGNATURE:

City-St-Zip:

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

PRES () Delete (X) Change () Addition KUBIS, LISA Name: KUBIS, LISA Name: 817 NW 12TH AVE Address: 817 NW 12TH AVE Address: City-St-Zip: DANIA, FL 33004 City-St-Zip: DANIA, FL 33004

Title: () Delete Title: (X) Change () Addition O' CONNOR, EILEEN Name: TRABOLD, JEANNE Name:

Address: 1751 SW 32ND ST Address: 200 SW 71 WAY City-St-Zip: FORT LAUDERDALE, FL 33324 City-St-Zip: HOLLYWOOD, FL 33023

Title: () Delete Title: **TRES** (X) Change () Addition MAINS, CLORINTA METSCHER, ANN Name: Name:

5860 NW 64TH AVE #112 4548 SW 37 AVENUE Address: Address: City-St-Zip: TAMARAC, FL 33319 City-St-Zip: DANIA BEACH, FL 33312

(X) Change () Addition Title: SD () Delete Title: SECR Name: MCCOY, PAULA Name: BOCCACCINO, JOAN

Address: 1016 N. 13 TERR. Address: 1516 WHITEHALL DRIVE APT 301

City-St-Zip: HOLLYWOOD, FL 33021 City-St-Zip: FT. LAUDERDALE, FL 33324

Title: (X) Delete Title: () Change () Addition KUBIS, JENNIFER Name: Name: Address:

817 NW 12TH AVE Address: DANIA, FL 33004 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LISA KUBIS **PRES** 04/04/2007