

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **734829** (5)

1. Corporation Name

OUR LADY QUEEN OF HEAVEN WOMEN'S GUILD, INCORPORATED



Principal Place of Business: 1400 S ST RD 7 NORTH LAUDERDALE FL 33068
Mailing Address: 1400 S. STATE RD 7 N. LAUDERDALE FL 33068 US

3. Date Incorporated or Qualified: 01/21/1976
3a. Date of Last Report: 05/01/1995

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number	Applied For
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	59-1580993		Not Applicable
23	City & State	27	City & State	5.	Certificate of Status Desired	\$8.75 Additional Fee Required
24	Zip	28	City & State			
25	Country	29	Zip	6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
30	Country	30	Country			

9. Name and Address of Current Registered Agent

MARHEFKA, ROSE
4261 WEST PALM AIRE DRIVE
POMPANO FL 33069

10. Name and Address of New Registered Agent

81 Name: CAROLINE CARIDI
82 Street: Our Lady Queen of Heaven Womens Guild
83 City: North Lauderdale, FL 33068
85 Zip Code: 33064

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 617.0403, Florida Statutes.

SIGNATURE: *Caroline Caridi*

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: MONROE, GERTRUDE	1.1 TITLE: PD	Change: <input checked="" type="checkbox"/> Addition: <input checked="" type="checkbox"/>
STREET ADDRESS: 6501 SW 8 STREET	CITY-ST-ZIP: NORTH LAUDERDALE FL 33068	1.2 NAME: Sandy Stein	1.3 STREET ADDRESS: 6416 BRAEBURN
		1.4 CITY-ST-ZIP: NO. LAUD. FL 33068	
TITLE: VPD	NAME: CONNERS, CLAIRE	2.1 TITLE: VPD	Change: <input checked="" type="checkbox"/> Addition: <input checked="" type="checkbox"/>
STREET ADDRESS: 5591 SW 8TH COURT	CITY-ST-ZIP: NORTH LAUDERDALE FL	2.2 NAME: Gertrude Monroe VP	2.3 STREET ADDRESS: 6501 SW 8th Street
		2.4 CITY-ST-ZIP: No. Lauderdale, Fl. 33068	
TITLE: TO	NAME: MARHEFKA, ROSE	3.1 TITLE: SP Secretary	Change: <input checked="" type="checkbox"/> Addition: <input checked="" type="checkbox"/>
STREET ADDRESS: 4261 PALM AIRE DRIVE	CITY-ST-ZIP: POMPANO FL 33069	3.2 NAME: Cecelia Sousa	3.3 STREET ADDRESS: 1425 SW 74th Ave
		3.4 CITY-ST-ZIP: N. L. FL. 33068	
TITLE: DS	NAME: PHILIPP, JUNE	4.1 TITLE: Treasurer	Change: <input checked="" type="checkbox"/> Addition: <input checked="" type="checkbox"/>
STREET ADDRESS: 4400 NW 44 TERR.	CITY-ST-ZIP: TAMARAC FL 33319	4.2 NAME: Caroline Caridi	4.3 STREET ADDRESS: 2650 W Gulf Blvd
		4.4 CITY-ST-ZIP: Pompano Beach FL	4.5 CITY-ST-ZIP: 33064
TITLE:	NAME:	5.1 TITLE:	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
STREET ADDRESS:	CITY-ST-ZIP:	5.2 NAME:	
		5.3 STREET ADDRESS:	
		5.4 CITY-ST-ZIP:	
TITLE:	NAME:	6.1 TITLE:	Change: <input type="checkbox"/> Addition: <input type="checkbox"/>
STREET ADDRESS:	CITY-ST-ZIP:	6.2 NAME:	300001851693
		6.3 STREET ADDRESS:	-06/05/96--01046--002 6-4-96
		6.4 CITY-ST-ZIP:	***66.25

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Sandra Stein* DATE: 4-23-96 DAYTIME PHONE: 954 974-1777

CR2E037 (12/95)