

**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  
84 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*

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	1.1 TITLE	PD <i>changing</i>
NAME	MONROE, GERTRUDE	1.2 NAME	<i>Sandy Stein</i>
STREET ADDRESS	6501 SW 8 STREET	1.3 STREET ADDRESS	6416 BRAEBURN
CITY-ST-ZIP	NORTH LAUDERDALE FL 33068	1.4 CITY-ST-ZIP	NO. LAUD. FL 33068
TITLE	VPD	2.1 TITLE	VPD <i>Gertrude Monroe VP</i>
NAME	CONNERS, CLAIRE	2.2 NAME	6501 SW 8th Street
STREET ADDRESS	5591 SW 8TH COURT	2.3 STREET ADDRESS	70. Lauderdale, Fl. 33068
CITY-ST-ZIP	NORTH LAUDERDALE FL	2.4 CITY-ST-ZIP	
TITLE	TO	3.1 TITLE	SP <i>Secretary Cecelia Sousa</i>
NAME	MARHEFKA, ROSE	3.2 NAME	1425 SW 74th Ave
STREET ADDRESS	4261 PALM AIRE DRIVE	3.3 STREET ADDRESS	N. L. FL. 33068
CITY-ST-ZIP	POMPANO FL 33069	3.4 CITY-ST-ZIP	
TITLE	DS	4.1 TITLE	T.D. <i>Treasurer</i>
NAME	PHILIPP, JUNE	4.2 NAME	<i>Caroline Caridi</i>
STREET ADDRESS	4400 NW 44 TERR.	4.3 STREET ADDRESS	<del>2650 W Gulf Blvd</del> 2650 W Gulf Blvd 155
CITY-ST-ZIP	TAMARAC FL 33319	4.4 CITY-ST-ZIP	<del>33309 Pompano Bch FL</del> 33064
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	300001851693
NAME		6.2 NAME	-06/05/96--01046--002 6-4-96
STREET ADDRESS		6.3 STREET ADDRESS	***66.25
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-96 954 974-1777  
Date Daytime Phone #

CR2E037 (12/95)