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Feb 05 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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 SOUTH STATE ROAD 7, NORTH LAUDERDALE FL 33068  
Mailing Address: 1400 SOUTH STATE ROAD 7, NORTH LAUDERDALE FL 33068-4602

3. Date Incorporated or Qualified: 01/21/1976  
3a. Date of Last Report: 06/04/1996

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with handwritten notes like 'Same as above'.

4. FEI Number: 59-1580993  
5. Certificate of Status Desired: [ ]  
6. Election Campaign Financing: [ ]  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: [ ] Yes [X] No

9. Name and Address of Current Registered Agent: CARIDI, CAROLINE, 1400 SOUTH STATE ROAD 7, OUR LADY QUEEN OF HEAVEN WOMEN'S GUILD, NORTH LAUDERDALE FL 33068

10. Name and Address of New Registered Agent (81-85) fields with handwritten note 'Same as previous'.

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 617.0503, Florida Statutes.

SIGNATURE: Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS table with columns for TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP and a DELETE checkbox.

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 table with columns for 1.1-1.4, 2.1-2.4, 3.1-3.4, 4.1-4.4, 5.1-5.4, 6.1-6.4 and checkboxes for Change and Addition.

14. I do 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 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: SIGNATURE REQUIRED Caroline Caridi 2/1/97 954-941-8218  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0025747

CR2E037 (9/96)