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Feb 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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 Mailing Address
1400 SOUTH STATE ROAD 7 NORTH LAUDERDALE FL 33068
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2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 25 Country 29 Country 30 Country

3. Date Incorporated or Qualified
01/21/1976
4. FEI Number Applied For
59-1580993 Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes 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 Name LORRAINE C. THURSTON
82 Street Address (P.O. Box Number, is Not Acceptable) 1400 SO. STATE ROAD #7
83 OUR LADY QUEEN OF HEAVEN WOMEN'S GUILD
84 City NO. LAUDERDALE FL 85 Zip Code 33063

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 LORRAINE C. THURSTON TD Lorraine C. Thurston 1-10-98
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	STEIN, SANDY	
STREET ADDRESS	6416 BRAEBURN	
CITY-ST-ZIP	NORTH LAUDERDALE FL 33068	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	MONROE, GERTRUDE	
STREET ADDRESS	6501 SW 8TH COURT	
CITY-ST-ZIP	NORTH LAUDERDALE FL 33068	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	SOUSA, CECELIA	
STREET ADDRESS	1425 SW 74TH AVENUE	
CITY-ST-ZIP	NORTH LAUDERDALE FL 33068	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	CARIDI, CAROLINE	
STREET ADDRESS	2650 WEST GULF BOULEVARD #159	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GERTRUDE MONROE	
1.3 STREET ADDRESS	6501 S.W. 8TH STREET	
1.4 CITY-ST-ZIP	NO. LAUDERDALE, FL. 33068	
2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SANTA MONACO	
2.3 STREET ADDRESS	4998 S.W. 8TH STREET	
2.4 CITY-ST-ZIP	MARGATE, FL. 33068	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	CARMEN BLANCHETTE	
3.3 STREET ADDRESS	3807 N.W. 53RD STREET	
3.4 CITY-ST-ZIP	FORTLAUDERDALE, FL. 33309	
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	LORRAINE C. THURSTON	
4.3 STREET ADDRESS	7305 N.W. 5TH PLACE #105	
4.4 CITY-ST-ZIP	MARGATE, FL. 33063	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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: Lorraine C. Thurston IF LORRAINE C. THURSTON 1/10/98 (954) 978-6674
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/97)