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**FILED**  
**Apr 29, 1999 8:00 am**  
**Secretary of State**

04-29-1999 90104 025 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 734829

1. Corporation Name  
**OUR LADY QUEEN OF HEAVEN WOMEN'S GUILD, INCCRPORATED**

Principal Place of Business Mailing Address  
**1400 SOUTH STATE ROAD 7 NORTH LAUDERDALE FL 33068**



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	01/21/1976
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	59-1580993
24 Country	29 Country	Applied For
		Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
<b>THRUSTON, LORRAINE C</b> <b>1400 SO STATE ROAD 7</b> <b>OUR LADY QUEENS OF HEAVEN WOMEN'S GUILD</b> <b>NORTH LAUDERDALE FL 33068</b>	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83 City
	84 City
	85 Zip Code
	FL 33068

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 JOSEPHINE ARMENO *Josephine Armeno* DATE \_\_\_\_\_

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONROE, GERTRUDE	1.2 NAME	STEIN, SANDRA
STREET ADDRESS	6501 SW 8TH ST	1.3 STREET ADDRESS	6416 BRAEBURN
CITY-ST-ZIP	NORTH LAUDERDALE FL 33068	1.4 CITY-ST-ZIP	NORTH LAUDERDALE, FL ##) C*
TITLE	VPD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MONACO, SANTA	2.2 NAME	CARIDI, CAROLINE
STREET ADDRESS	4998 SW 8TH ST	2.3 STREET ADDRESS	2650 W. GOLF BLVD.
CITY-ST-ZIP	MARGATE FL 33068	2.4 CITY-ST-ZIP	POMPANO BEACH, FL 33064
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLANCHETTE, C ARMEN	3.2 NAME	MITCHELL, KATHLEEN
STREET ADDRESS	3807 NW 53RD ST	3.3 STREET ADDRESS	6532 S.W. 7th Place
CITY-ST-ZIP	FT LAUDERDALE FL 33309	3.4 CITY-ST-ZIP	NORTH LAUDERDALE, FLORIDA 33068
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THRUSTON, LORRAINE C	4.2 NAME	ARMENO, JOSEPHINE
STREET ADDRESS	7305 NW 5TH PLACE #105	4.3 STREET ADDRESS	3431 N.W. 47th AVENUE
CITY-ST-ZIP	MARGATE FL 33063	4.4 CITY-ST-ZIP	COCONUT CREEK, FLORIDA 33063
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: *Josephine Armeno* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-99 (954) 969-0041 Date Daytime Phone #

CR2E037 (11/98)