

2000 UNIFORM BUSINESS REPORT (UBR)

4.

FILED
May 23, 2000 8:00 am
Secretary of State

04-24-2000 90203 049 ****61.25

DOCUMENT # 734829

1. Entity Name

OUR LADY QUEEN OF HEAVEN WOMEN'S GUILD, INCORPOR

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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1580993

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ARMERO, JOSEPHINE
 1400 SO STATE ROAD 7
 OUR LADY QUEENS OF HEAVEN WOMEN'S GUILD
 NORTH LAUDERDALE FL 33068

7. Name and Address of New Registered Agent

Name: *Mary Ellen McKinney*
 Street Address (P.O. Box Number is Not Acceptable): *1400 So. State Road 7*
Our Lady Queen of Heaven Women's Guild
 City: *North Lauderdale* FL Zip Code: *33068*

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

J. Armeno, Treas.

Takes over 5-1-00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25.

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	STEIN, SANDRA	
STREET ADDRESS	6416 BRAEBURN	
CITY-ST-ZIP	NORTH LAUDERDALE FL 33068	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	CARIDI, CAROLINE	
STREET ADDRESS	2650 W. GOLF BLVD.	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MITCHELL, KATHLEEN	
STREET ADDRESS	6532 SW 7TH PLACE	
CITY-ST-ZIP	FT LAUDERDALE FL 33068	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	ARMENO, JOSEPHINE	
STREET ADDRESS	3431 NW 47TH AVE.	
CITY-ST-ZIP	COCONUT CREEK FL 33063	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Margaret Tischio	
STREET ADDRESS	4403 NW 47th Ave.	
CITY-ST-ZIP	Tamarac FL 33319	
TITLE	Vice President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Barbara Horta	
STREET ADDRESS	370 NW 76 Ave. - APT. 107	
CITY-ST-ZIP	Margate FL 33063	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP	North Lauderdale FL. 33068	
TITLE	Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mary Ellen McKinney	
STREET ADDRESS	6628 Pebble Beach	
CITY-ST-ZIP	North Lauderdale, FL. 33068	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

J. Armeno **SIGNATURE REQUIRED**

4-17-00

1st 9090041

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CREDIT NUMBER