

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 | | |
| 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

4-17-00

1st 9090041

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CREDIT NUMBER