

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 91311 017 ****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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1580993

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MCKINNEY, MARY E
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

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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	TISCHIO, MARGARET	
STREET ADDRESS	4403 NW 44TH AVE	
CITY-ST-ZIP	TAMARAC FL 33319	
TITLE	VD	<input type="checkbox"/> Delete
NAME	HORTA, BARBARA	
STREET ADDRESS	370 NW 76 AVE APT 107	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MITCHELL, KATHLEEN	
STREET ADDRESS	6532 SW 7TH PLACE	
CITY-ST-ZIP	N LAUDERDALE FL 33068	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MCKINNEY, MARY E	
STREET ADDRESS	6628 PEBBLE BEACH	
CITY-ST-ZIP	N LAUDERDALE FL 33068	
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		<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		
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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: *Mary Ellen McKinney*
SIGNATURE REQUIRED

5-1-2001 (954) 974-9086

CR2E037 (10/00)