

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 19, 2003 8:00 am
Secretary of State

05-19-2003 90202 034 ****61.25

DOCUMENT # 734829

1. Entity Name
OUR LADY QUEEN OF HEAVEN WOMEN'S GUILD, INCORPORATED



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

Mailing Address
**1400 SOUTH STATE ROAD 7
NORTH LAUDERDALE FL 33068**

55049041

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **59-1580993**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCKINNEY, MARY E
1400 SO STATE ROAD 7
OUR LADY QUEENS OF HEAVEN WOMEN'S GUILD
NORTH LAUDERDALE FL 33068**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Mary Ellen McKinney

5-9-03

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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	HORTA, BARBARA	
STREET ADDRESS	370 NW 78 AVE APT 107.	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MITCHELL, KATHLEEN	
STREET ADDRESS	6532 SW 7TH PLACE	
CITY-ST-ZIP	N LAUDERDALE FL 33068	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	MCKINNEY, MARY E	
STREET ADDRESS	6628 PEBBLE BEACH	
CITY-ST-ZIP	N LAUDERDALE FL 33068	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	TISCHIO, MARGARET	
STREET ADDRESS	4403 NW 44TH AVE	
CITY-ST-ZIP	TAMARAC FL 33319	
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	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Carole Kunkler	
STREET ADDRESS	3126 N.W. 69th	
CITY-ST-ZIP	Ft. Land FL 33309	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Rt Perrelli	
STREET ADDRESS	551 N.W. 50th Ave	
CITY-ST-ZIP	Margate FL 33063	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Nancy Brennan	
STREET ADDRESS	4403 N.W. 48 Ave	
CITY-ST-ZIP	Tamarac FL 33319	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mary Ellen McKinney	
STREET ADDRESS	6628 Pebble Beach	
CITY-ST-ZIP	N. Land FL 33068	
TITLE	S	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Geri Taylor	
STREET ADDRESS	7600 N.W. 5th Pl. #107 Pk 51	
CITY-ST-ZIP	Margate FL 33063	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-9-03

DATE

954-974-9086

DAYTIME PHONE #

CR2E037 (10/02)