

**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	<b>VD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>HORTA, BARBARA</b>	
STREET ADDRESS	<b>370 NW 78 AVE APT 107.</b>	
CITY-ST-ZIP	<b>MARGATE FL 33063</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MITCHELL, KATHLEEN</b>	
STREET ADDRESS	<b>8532 SW 7TH PLACE</b>	
CITY-ST-ZIP	<b>N LAUDERDALE FL 33068</b>	
TITLE	<b>TD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MCKINNEY, MARY E</b>	
STREET ADDRESS	<b>8628 PEBBLE BEACH</b>	
CITY-ST-ZIP	<b>N LAUDERDALE FL 33068</b>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>TISCHIO, MARGARET</b>	
STREET ADDRESS	<b>4403 NW 44TH AVE</b>	
CITY-ST-ZIP	<b>TAMARAC FL 33319</b>	
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	<b>VPD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Carole Kunkler</b>	
STREET ADDRESS	<b>3126 N.W. 69th</b>	
CITY-ST-ZIP	<b>Ft. Land FL 33309</b>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Rt Perrelli</b>	
STREET ADDRESS	<b>551 N.W. 50th Ave</b>	
CITY-ST-ZIP	<b>Margate FL 33063</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Nancy Brennan</b>	
STREET ADDRESS	<b>4403 N.W. 48 Ave</b>	
CITY-ST-ZIP	<b>Tamarac FL 33319</b>	
TITLE	<b>TD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Mary Ellen McKinney</b>	
STREET ADDRESS	<b>8628 Pebble Beach</b>	
CITY-ST-ZIP	<b>N. Land FL 33068</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Geri Taylor</b>	
STREET ADDRESS	<b>7600 N.W. 5th Pl. #107 Pk 5/1</b>	
CITY-ST-ZIP	<b>Margate FL 33063</b>	
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

5-9-03

954-974-9086

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)