

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 12, 2004 8:00 am**  
**Secretary of State**

03-03-2004 90005 036 \*\*\*\*70.00

**DOCUMENT # 763814**

1. Entity Name  
**MOTHER'S WORKSHOP INCORPORATED**



Principal Place of Business Mailing Address

10211 TAFT STREET 1978 NW 130 AVE  
PINES CONFERENCE CENTER PEMBROKE PINES FL 33028  
US US

2. Principal Place of Business 3. Mailing Address

*The Herald Community Room*

Suite, Apt. #, etc. Suite, Apt. #, etc.

*2010 NW 150th Ave*

City & State City & State

*Pembroke Pines FL 33028*

Zip Country Zip Country

*33028 USA*



MOORE CR2E037 (11/03)

4. FEI Number 59-2804587 Applied For Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**RIBAS, ELAINE**  
1978 NW 130 AVE  
PEMBROKE PINES FL 33028

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

SIGNATURE *Elaine Ribas* DATE *1/26/04*

Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2004

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	D	<input type="checkbox"/> Delete
NAME	SUPER, CASSANDRA	
STREET ADDRESS	18141 NW 18 STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33029	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	REINIG, ELLEN	
STREET ADDRESS	4801 SW 195 TERRACE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33332	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ALFONSO, CARI	
STREET ADDRESS	19008 NW 23 STREET	
CITY-ST-ZIP	HOLLYWOOD FL 33029	
TITLE	D	<input type="checkbox"/> Delete
NAME	ARRIETA, PAM	
STREET ADDRESS	12811 SW 28 CT	
CITY-ST-ZIP	HOLLYWOOD FL 33027	
TITLE	CD	<input type="checkbox"/> Delete
NAME	RIBAS, ELAINE	
STREET ADDRESS	1978 NORTHWEST 130TH AVENUE	
CITY-ST-ZIP	PEMBROKE PINES FL 33028	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWEER,	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bell, Denise	
STREET ADDRESS	2822 W. Abiaca Circle	
CITY-ST-ZIP	Davie, FL 33328	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Debbie Stansell	
STREET ADDRESS	2130 NW 127th Ave.	
CITY-ST-ZIP	Pembroke Pines FL 33028	
TITLE		<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Arrieta, Pam	
STREET ADDRESS	5114 Massy Dr.	
CITY-ST-ZIP	Lake Worth, FL 33463	
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: *Elaine M Ribas / Elaine Ribas* DATE: *1/28/04* (954) 433-7657

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Board Members  
Board of Directors  
Chairman  
Board of Directors