FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 10:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L57755** **(5)**

1. Corporation Name
THE FORT LAUDERDALE SAINTS NETBALL CLUB, INC.

Principal Place of Business	Mailing Address
% HAZEL ROGERS 3670 NW 27 ST LAUDERDALE LAKES FL 33311	% HAZEL ROGERS 3670 NW 27 ST LAUDERDALE LAKES FL 33311

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/16/1990**
3a. Date of Last Report: **04/21/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: **65-0180601** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ROGERS, HAZEL
3670 NW 27 ST
LAUDERDALE LAKES FL 33311

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	ROGERS, HAZELLE	12 NAME	
STREET ADDRESS	3670 NW 27 ST	13 STREET ADDRESS	
CITY-ST-ZIP	LAUDERDALE LAKES FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☒ Change ☐ Addition
NAME	HALL, JUDITH	22 NAME	D Hall Judith
STREET ADDRESS	3670 NW 27 ST	23 STREET ADDRESS	9037 nw 25th ct
CITY-ST-ZIP	LAUDERDALE LAKES FL	24 CITY-ST-ZIP	Coral Spring Fl
TITLE	S	31 TITLE	☒ Change ☐ Addition
NAME	LEWANS, VERONICA	32 NAME	S Lewans Veronica
STREET ADDRESS	9037 NW 25 CT.	33 STREET ADDRESS	1571 NW 63rd Ave
CITY-ST-ZIP	CORAL SPRINGS FL	34 CITY-ST-ZIP	Sunrise Fl 33313
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Marlene Omphroy Treasurer 4/26/95 305-485-5761
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #

0219041 CP