


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2005 08:00 AM
Secretary of State

DOCUMENT # N96000005402	
1. Entity Name SAINT'S NETBALL AND CULTURAL CLUB, INC.	

Principal Place of Business 3670 NW 27TH STREET LAUDERDALE LAKES, FL 33311	Mailing Address 3670 NW 27TH STREET LAUDERDALE LAKES, FL 33311
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DO NOT WRITE IN THIS SPACE



04252005 No Chg-NP CR2E037 (10/03)

4. FEI Number 65-0710733	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**OMPHROY, MARLENE
3670 NW 27TH STREET
LAUDERDALE LAKES, FL 33311**

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IN THIS SPACE**

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

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D OMPHROY, MARLENE 3670 NW 27TH STREET LAUDERDALE LAKES, FL 33311
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D MCINTOSH, PAULINE 9560 GLACIA ST MIRAMAR, FL 33025
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D DUNBAR, ALICIA 2674 NW 68TH WAY FORT LAUDERDALE, FL 33313
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D HALL, JUDITH 9037 NW 25TH CT CORAL SPRINGS, FL 33065
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D DAWKINS, LISA 4500 NW 36TH ST, 202 LAUDERDALE LAKES, FL 33319
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D ROGERS, HAZELLE 2769 NW 36TH AVE LAUDERDALE LAKES, FL 33311

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04/27/05-80110-015 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 817, 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: Marlene Omphey **MARLENE Omphey** 4/23/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #