


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 06, 2006 8:00 am
Secretary of State

06-06-2006 90015 024 ****61.25

DOCUMENT # N96000005402	
1. Entity Name SAINTS 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
--	--

50021127



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04202006 Chg-NP CR2E037 (11/05)

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	

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OMPHROY, MARLENE	NAME	
STREET ADDRESS	3670 NW 27TH STREET	STREET ADDRESS	
CITY-ST-ZIP	LAUDERDALE LAKES, FL 33311	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCINTOSH, PAULINE	NAME	
STREET ADDRESS	9560 GLACIA ST	STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR, FL 33025	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNBAR, ALICIA	NAME	
STREET ADDRESS	2674 NW 68TH WAY	STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33313	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, JUDITH	NAME	
STREET ADDRESS	9037 NW 25TH CT	STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS, FL 33065	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAWKINS, LISA	NAME	
STREET ADDRESS	4500 NW 36TH ST, 202	STREET ADDRESS	
CITY-ST-ZIP	LAUDERDALE LAKES, FL 33319	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROGERS, HAZELLE	NAME	
STREET ADDRESS	2769 NW 36TH AVE	STREET ADDRESS	
CITY-ST-ZIP	LAUDERDALE LAKES, FL 33311	CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Marlene Omphroy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marlene Omphroy, Director
Date

4/26/06
Daytime Phone #