2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005402

FILED Apr 30, 2008 Secretary of State

Entity Name: SAINTS NETBALL AND CULTURAL CLUB, INC.

	Principal Place of Business	::	New Principal P	Place of Business:	
	27TH STREET DALE LAKES, FL 33311				
urrent Mailing Address:			New Mailing Ad	New Mailing Address:	
	27TH STREET DALE LAKES, FL 33311				
El Numbe	r: 65-0710733 FEI Number	Applied For()	FEI Number Not Applicable (() Certificate of Status Desired ()	
ame and	d Address of Current Regi	stered Agent:	Name and Addr	ess of New Registered Agent:	
670 NW	OY, MARLENE 27TH STREET DALE LAKES, FL 33311	Js			
	e named entity submits this s e of Florida.	tatement for the pu	rpose of changing its regi	stered office or registered agent, or both	
IGNATU	RE:				
	Electronic Signature	of Registered Ager	nt	Date	
FFICER	S AND DIRECTORS:		ADDITIONS/CH	ANGES TO OFFICERS AND DIRECTO	
tle: ame: ddress: ity-St-Zip:	D () Delete OMPHROY, MARLENE 3670 NW 27TH STREET LAUDERDALE LAKES, FL 333	11	Title: Name: Address: City-St-Zip:	() Change () Addition	
tle: ame: ddress: ity-St-Zip:	D () Delete MCINTOSH, PAULINE 9560 GLACIA ST MIRAMAR, FL 33025		Title: Name: Address: City-St-Zip:	() Change () Addition	
ame: Idress:	MCINTOSH, PAULINE 9560 GLACIA ST	3	Name: Address:	() Change () Addition () Change () Addition	
ame: ddress: ty-St-Zip: tle: ame: ddress:	MCINTOSH, PAULINE 9560 GLACIA ST MIRAMAR, FL 33025 D () Delete DUNBAR, ALICIA 2674 NW 68TH WAY	3	Name: Address: City-St-Zip: Title: Name: Address:		
ame: Idress: ty-St-Zip: Ide: Idress: Idress: ty-St-Zip: Ide: Idress: Ide: Ide: Ide: Idress: Idress:	MCINTOSH, PAULINE 9560 GLACIA ST MIRAMAR, FL 33025 D () Delete DUNBAR, ALICIA 2674 NW 68TH WAY FORT LAUDERDALE, FL 3331 D () Delete HALL, JUDITH 9037 NW 25TH CT	3	Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address:	() Change() Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARLENE OMPHROY D 04/30/2008