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STATE
FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **N01648 (7)**

1. Corporation Name
SAHARA CLUB OF MARION COUNTY, INC.

Principal Place of Business Mailing Address
19 GAYLE LOWRY P.O. BOX 71087
1911 SE 47TH AVENUE Ocala FL 34471
OCALA FL 32671 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/24/1984** 3a. Date of Last Report **05/01/1994**
4. FEI Number **59-2956589** 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent
LOWRY, GAYLE
1911 SE 47TH AVENUE
OCALA FL 32671

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 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 reappointing)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	HITCHCOCK, BETTY
STREET ADDRESS	4821 NE 8 ST.
CITY-ST-ZIP	OCALA FL
TITLE	TD
NAME	HESS, MARTHA
STREET ADDRESS	8702 E. SW 93 LANE
CITY-ST-ZIP	OCALA FL
TITLE	S
NAME	TORASSO, BOBBIE
STREET ADDRESS	6324 SW 111TH ST
CITY-ST-ZIP	OCALA FL
TITLE	PD
NAME	CARROLL-HENDERSON, BRENDA
STREET ADDRESS	3450 SE 12 ST
CITY-ST-ZIP	OCALA FL
TITLE	VP
NAME	DOUTHIRT, MARIE
STREET ADDRESS	15863 SW 49TH CR RD
CITY-ST-ZIP	OCALA FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CARROLL-HENDERSON, BRENDA
1.3 STREET ADDRESS	3450 SE 12TH ST
1.4 CITY-ST-ZIP	OCALA, FL 34471
2.1 TITLE	TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	TORASSO, BOBBIE
2.3 STREET ADDRESS	6324 SW 111TH ST
2.4 CITY-ST-ZIP	OCALA, FL 34476
3.1 TITLE	SECRETARY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	CARDINAL, SHARON
3.3 STREET ADDRESS	6496A CARLISLE PL
3.4 CITY-ST-ZIP	OCALA, FL 34472
4.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	DOUTHIRT, MARIE
4.3 STREET ADDRESS	15863 SW 49TH CR RD
4.4 CITY-ST-ZIP	OCALA FL 34473
5.1 TITLE	VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	DIETZ, ROSE
5.3 STREET ADDRESS	4588 NE 21st ST
5.4 CITY-ST-ZIP	OCALA, FL 34470
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 110.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Bobbie Torasso* - Treasurer **1/20/95** (900) 854-1687
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
BOBBIE TORASSO TREASURER