

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # NO1648

(7)

1. Corporation Name

SAHARA CLUB OF MARION COUNTY, INC.



Principal Place of Business

%GAYLE LOWRY
1911 SE 47TH AVENUE
OCALA FL 32671

Mailing Address

P.O. BOX 71087
OCALA FL 34471
US

3. Date Incorporated or Qualified
02/24/1984

3a. Date of Last Report
01/27/1995

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

10. Name and Address of New Registered Agent

LOWRY, GAYLE
1911 SE 47TH AVENUE
OCALA FL 32671

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☒ DELETE
NAME **HENDERSON, CARROLL B**
STREET ADDRESS **3450 SE 12TH ST.**
CITY-ST-ZIP **OCALA FL 34471**

TITLE **T** ☐ DELETE
NAME **TORASSO, BOBBIE**
STREET ADDRESS **6324 SW 111TH ST.**
CITY-ST-ZIP **OCALA FL 34476**

TITLE **S** ☐ DELETE
NAME **CARDINAL, SHARON**
STREET ADDRESS **6496 A CARLISLE PL**
CITY-ST-ZIP **OCALA FL 34476**

TITLE **PD** ☐ DELETE
NAME **DOUTHIRT, MARIE**
STREET ADDRESS **15863 SW 49TH CT. RD.**
CITY-ST-ZIP **OCALA FL 34473**

TITLE **VP** ☐ DELETE
NAME **DIETZ, ROSE**
STREET ADDRESS **4588 NE 2ND ST.**
CITY-ST-ZIP **OCALA FL 34476**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **ROSE DIETZ**
1.3 STREET ADDRESS **4588 NE 2ND ST**
1.4 CITY-ST-ZIP **OCALA FL 34470**

2.1 TITLE **T** ☐ Change ☐ Addition
2.2 NAME **BOBBIE TORASSO**
2.3 STREET ADDRESS **6324 SW 111TH ST**
2.4 CITY-ST-ZIP **OCALA FL 34476**

3.1 TITLE **SD** ☒ Change ☐ Addition
3.2 NAME **Shirley Edelbeck**
3.3 STREET ADDRESS **3622 SE 11TH PL**
3.4 CITY-ST-ZIP **OCALA FL 34470**

4.1 TITLE **D** ☒ Change ☒ Addition
4.2 NAME **MARIE DOUTHIRT**
4.3 STREET ADDRESS **15863 SW 49TH CT RD**
4.4 CITY-ST-ZIP **OCALA FL 34473**

5.1 TITLE **VP** ☒ Change ☐ Addition
5.2 NAME **LINDA GILLIS**
5.3 STREET ADDRESS **6226 SE 113TH ST**
5.4 CITY-ST-ZIP **BELLEVIEW, FL 34420**

6.1 TITLE
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 119.07(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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/24/96

CR2E037 (12/95)

P 3/18/96