

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 # **N01648** (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 (21-24):
2a. Mailing Address (26-30):
22. Suite, Apt. #, etc.
23. City & State
24. Zip, Country

4. FEI Number: 59-2956589
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: **FL**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENDERSON, CARROLL B	1.2 NAME	ROSE DIETZ
STREET ADDRESS	3450 SE 12TH ST.	1.3 STREET ADDRESS	4588 NE 2nd St
CITY-ST-ZIP	OCALA FL 34471	1.4 CITY-ST-ZIP	OCALA FL 34470
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	T <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TORASSO, BOBBIE	2.2 NAME	BOBBIE TORASSO
STREET ADDRESS	8324 SW 111TH ST.	2.3 STREET ADDRESS	6324 SW 111th St
CITY-ST-ZIP	OCALA FL 34476	2.4 CITY-ST-ZIP	OCALA FL 34476
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARDINAL, SHARON	3.2 NAME	Shirley Edelbeck
STREET ADDRESS	6496 A CARLISLE PL	3.3 STREET ADDRESS	3622 SE 11th PL
CITY-ST-ZIP	OCALA FL 34476	3.4 CITY-ST-ZIP	OCALA FL 34470
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOUTHIRT, MARIE	4.2 NAME	MARIE DOUTHIRT
STREET ADDRESS	15863 SW 49TH CT. RD.	4.3 STREET ADDRESS	15863 SW 49th Ct Rd
CITY-ST-ZIP	OCALA FL 34473	4.4 CITY-ST-ZIP	OCALA FL 34473
TITLE	VP <input type="checkbox"/> DELETE	5.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIETZ, ROSE	5.2 NAME	LINDA GILLIS
STREET ADDRESS	4588 NE 2ND ST.	5.3 STREET ADDRESS	6226 SE 113th St
CITY-ST-ZIP	OCALA FL 34476	5.4 CITY-ST-ZIP	BELLEVIEW, FL 34420
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	900001747189
NAME		6.2 NAME	-03/18/96--01070--014
STREET ADDRESS		6.3 STREET ADDRESS	***61.25
CITY-ST-ZIP		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 1/24/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)

P 3/18/96