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Jun 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 34471-0087 US
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3. Date Incorporated or Qualified 02/24/1984	3a. Date of Last Report 03/18/1996
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
	Zip 29
	Country 30

4. FEI Number 59-2956589	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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 Judy A Headlee
82 Street Address (P.O. Box Number is Not Acceptable) 5500 S.E. 42nd Ct
83
84 City Ocala
85 Zip Code FL 34480

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 *Judy A Headlee* **Judy A Headlee** **4/23/97**
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	PD	<input checked="" type="checkbox"/> DELETE
NAME	DIETZ, ROSE B	
STREET ADDRESS	4588 NE 2ND STREET	
CITY-ST-ZIP	OCALA FL 34470	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	TORASSO, BOBBIE	
STREET ADDRESS	6324 SW 111TH ST.	
CITY-ST-ZIP	OCALA FL 34476	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	EDELBECK, SHIRLEY	
STREET ADDRESS	3622 SE 11TH PLACE	
CITY-ST-ZIP	OCALA FL 34470	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DOUTHIRT, MARIE	
STREET ADDRESS	15863 SW 49TH CT. RD.	
CITY-ST-ZIP	OCALA FL 34473	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	GILLIS, LINDA	
STREET ADDRESS	6226 SE 113TH STREET	
CITY-ST-ZIP	BELLEVIEW FL 34420	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD Linda Gillis	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	6226 SE 113 ST	
1.3 STREET ADDRESS	Belleview, FL 34420	
1.4 CITY-ST-ZIP		
2.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Laura Marcum	
2.3 STREET ADDRESS	Po Box 83/1755 NE 177 PL	
2.4 CITY-ST-ZIP	CITRA, FL 32113	
3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Roselle Pringle	
3.3 STREET ADDRESS	738 Bahia Circle	
3.4 CITY-ST-ZIP	ocala FL 34472	
4.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	RUTH SIMMS	
4.3 STREET ADDRESS	21310 NE 100 AVE	
4.4 CITY-ST-ZIP	Pt. McCoy FL 32134	
5.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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.

CR2E037 (9/96)