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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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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/24/1984		3a. Date of Last Report 03/18/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-2956589		Applied For <input type="checkbox"/> Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip Country		28 Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24		25		29		30	
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 FL 85 Zip Code 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** DATE **4/23/97**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	1.1 TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<input checked="" type="checkbox"/> DELETE	PD DIETZ, ROSE B	4588 NE 2ND STREET	OCALA FL 34470	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	PD Linda Gillis	6226 SE 113 ST	Bellevue FL 34420
<input checked="" type="checkbox"/> DELETE	T TORASSO, BOBBIE	6324 SW 111TH ST.	OCALA FL 34476	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	VPD Laura Marcum	P.O. Box 83/1755 NE 177 PL	CITRA, FL 32113
<input checked="" type="checkbox"/> DELETE	SD EDELBECK, SHIRLEY	3622 SE 11TH PLACE	OCALA FL 34470	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	SD Roselle Pringle	738 Bahia Circle	Ocala FL 34472
<input checked="" type="checkbox"/> DELETE	D DOUTHIRT, MARIE	15863 SW 49TH CT. RD.	OCALA FL 34473	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TD Ruth Simms	21310 NE 100 AVE	Pt. McCoy FL 32134
<input checked="" type="checkbox"/> DELETE	VP GILLIS, LINDA	6226 SE 113TH STREET	BELLEVUE FL 34420	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	President/D		
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			

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)