

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

Mailing Address

%WAYLE LOWRY
1911 SE 47TH AVENUE
OCALA FL 32671

P.O. BOX 71087
OCALA FL 34471
US

2. Principal Place of Business

2a. Mailing Address

21 Shrine Club
Suite, Apt. #, etc.
22 P.O. Box 71087

26
Suite, Apt. #, etc.
27
City & State

23 Ocala FL
City & State

28
City & State

24 34471
Zip
25 U.S.
Country

29
Zip
30
Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

02/24/1984

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. Is this nonprofit corporation a homeowners' association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

HEADLEE, JUDY A
5500 S.E. 42ND CT
OCALA FL 34480

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 **PD** ☒ DELETE
NAME **GILLIS, LINDA**
STREET ADDRESS **6226 S.E. 113 ST**
CITY-ST-ZIP **BELLEVIEW FL**

TITLE **VPD** ☒ DELETE
NAME **MARCUM, LAURA**
STREET ADDRESS **P.O. BOX 83/ 1755 N.E. 177 PL**
CITY-ST-ZIP **CITRA FL**

TITLE **SD** ☒ DELETE
NAME **PRINGLE, ROSELLE**
STREET ADDRESS **738 BAHIA CIR**
CITY-ST-ZIP **OCALA FL**

TITLE **TD** ☐ DELETE
NAME **SIMMS, RUTH**
STREET ADDRESS **21310 N.E. 100 AVE**
CITY-ST-ZIP **FT MCCOY FL**

TITLE **PD** ☒ DELETE
NAME **GILLIS, LINDA**
STREET ADDRESS **6226 SE 113TH STREET**
CITY-ST-ZIP **BELLEVIEW FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DR** ☒ Change ☐ Addition
1.2 NAME **Laura Marcum**
1.3 STREET ADDRESS **P.O. Box 83/1755 NE 177 PL**
1.4 CITY-ST-ZIP **Citra FL**

2.1 TITLE **VPD** ☒ Change ☐ Addition
2.2 NAME **Simms, Ruth**
2.3 STREET ADDRESS **21310 NE 100 Ave**
2.4 CITY-ST-ZIP **FT MCCOY FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE **TD** ☐ Change ☒ Addition
4.2 NAME **Headlee Judy A**
4.3 STREET ADDRESS **5500 SE 42nd Ct**
4.4 CITY-ST-ZIP **Ocala FL 34480**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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.

SIGNATURE:

Judy A Headlee **Judy A Headlee**

7/11/98
Date

(352)732-9223
Daytime Phone #

CR2E037 (5/98)

FILED
Jul 23 1998 8:00am
Secretary of State

