

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

FILED  
 Jul 23 1998 8:00am  
 Secretary of State

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

3. Date Incorporated or Qualified 02/24/1984  
 4. FEI Number 59-2956589 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address  
 21 Shrine Club 26  
 Suite, Apt. #, etc. PO Box 71087 27  
 City & State Ocala FL 28  
 Zip 34471 29 Country U.S. 30

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

9. Name and Address of Current Registered Agent  
 HEADLEE, JUDY A  
 5500 S.E. 42ND CT  
 OCALA FL 34480

10. Name and Address of New Registered Agent  
 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE PD NAME GILLIS, LINDA STREET ADDRESS 6226 S.E. 113 ST CITY-ST-ZIP BELLEVUE FL	<input checked="" type="checkbox"/> DELETE
TITLE VPD NAME MARCUM, LAURA STREET ADDRESS P.O. BOX 83/ 1755 N.E. 177 PL CITY-ST-ZIP CITRA FL	<input checked="" type="checkbox"/> DELETE
TITLE SD NAME PRINGLE, ROSELLE STREET ADDRESS 738 BAHIA CIR CITY-ST-ZIP OCALA FL	<input checked="" type="checkbox"/> DELETE
TITLE TD NAME SIMMS, RUTH STREET ADDRESS 21310 N.E. 100 AVE CITY-ST-ZIP FT MCCOY FL	<input type="checkbox"/> DELETE
TITLE PD NAME GILLIS, LINDA STREET ADDRESS 6226 SE 113TH STREET CITY-ST-ZIP BELLEVUE FL	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE DR 1.2 NAME Laura Marcum 1.3 STREET ADDRESS P.O. Box 83/1755 NE 177AL 1.4 CITY-ST-ZIP Citra FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE VPD 2.2 NAME Simms, Ruth 2.3 STREET ADDRESS 21310 NE 100 Ave 2.4 CITY-ST-ZIP Ft McCoy FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE TD 4.2 NAME Headlee Judy A 4.3 STREET ADDRESS 5500 SE 42nd Ct 4.4 CITY-ST-ZIP Ocala FL 34480	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 (352)732-9223  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/98)