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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N01648

1. Corporation Name
 SAHARA CLUB OF MARION COUNTY, INC.

Principal Place of Business
 Ocala Shrine Club
 P.O. Box 71087
 Ocala FL 34471

Mailing Address
 Ocala Shrine Club
 P.O. Box 71087
 Ocala FL 34471

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	02/24/1984	
22. City & State		27. City & State		4. FEI Number	
23. Zip		28. Zip		59-2956589	
24. Country		29. Country		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	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	MARCUM, LAURA	1.2 NAME	Ruth Simms
STREET ADDRESS	1755 NE 177 PL	1.3 STREET ADDRESS	21310 NE 100th Ave
CITY-ST-ZIP	CITRA FL	1.4 CITY-ST-ZIP	P+ McCoy FL
TITLE	VD	2.1 TITLE	VPD
NAME	SIMMS, RUTH	2.2 NAME	Pat Simolin
STREET ADDRESS	21310 NE 100 AVE	2.3 STREET ADDRESS	9610 S.E. 38th Ct
CITY-ST-ZIP	FT MCCOY FL	2.4 CITY-ST-ZIP	Deerview, FL 34470
TITLE	TD	3.1 TITLE	
NAME	HEADLEE, JUDY A	3.2 NAME	
STREET ADDRESS	5500 SE 42ND CT	3.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34480	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(c), 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, with all other like empowered.

SIGNATURE: Judy Headlee DATE: 5/10/99 (352) 732-9223
SIGNATURE AND TYPED OR PRINTED NAME OF BRANCH OFFICER OR DIRECTOR

CR2E037 (11/98)