


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007 8:00 am
Secretary of State

02-12-2007 90091 009 ****61.25

DOCUMENT # N01648
 1. Entity Name
SAHARA CLUB OF MARION COUNTY, INC.



Principal Place of Business
 P O BOX 830035
 Ocala, FL 34483-0035

Mailing Address
 P O BOX 830035
 Ocala, FL 34483-0035

40014468



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01312007 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number
59-2956589

Applied For
 Not Applicable

City & State

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name **Haley, Patricia**
 Street Address (P.O. Box Number is Not Acceptable)
401 SE 48th Ave
 City **Ocala** FL Zip Code **34471**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Patricia Haley* DATE **02/07/07**
Signature, typed or printed name of registered agent and title, applicable. (NOTE: Registered Agent signature required when reinstating.)

Filing Fee is \$61.25 Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARSH, LEOTA <input checked="" type="checkbox"/> Delete 8762 SE 61 ST AVE OCALA, FL 34472
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HALEY, PATRICIA <input checked="" type="checkbox"/> Delete 8973 SW 104 LN OCALA, FL 34481
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VIRGINIANNE, FINK <input type="checkbox"/> Delete 4750 NE 23RD AVE OCALA, FL 34479
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PICARD, DORIS <input type="checkbox"/> Delete 5120 NE 9TH ST OCALA, FL 34470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PETERSON, MARY <input checked="" type="checkbox"/> Delete 11094 NW HWY 314 SILVER SPRINGS, FL 34488
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Haley, Patricia <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 401 S.E. 48th Ave. Ocala, FL 34471
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Chason, C. Louise <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 24300 NE 151 Place Salt Springs, FL 32134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Fink, Virginianne <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4750 NE 23RD AVE. Ocala, FL 34479
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Picard, Doris <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 5120 NE 9th St (spelling) Ocala, FL 34470
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Marsh, Leota <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 8762 SE 61st Ave Ocala, FL 34472
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Doris Picard* Date **2/9/07** Daytime Phone # **352-236-2425**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR