


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
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40014468



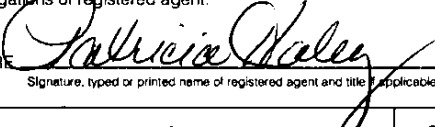
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01312007 Chg-NP CR2E037 (12/06)

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

7. Name and Address of New Registered Agent	
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 

(NOTE: Registered Agent signature required when reinstating)

02/07/07

DATE

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

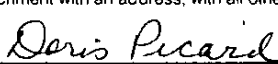
\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

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

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

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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/07

Date

352-236-2425

Daytime Phone #