


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008 8:00 am
Secretary of State

01-31-2008 90026 022 ****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			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01242008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-2956589	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HALEY, PATRICIA 401 SE 48TH AVE OCALA, FL 34471			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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 <i>Patricia A. Haley</i>		DATE <i>01/29/08</i>			
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HALEY, PATRICIA	NAME			
STREET ADDRESS	401 SE 48TH AVE	STREET ADDRESS			
CITY-ST-ZIP	OCALA, FL 34471	CITY-ST-ZIP			
TITLE	VPD <input checked="" type="checkbox"/> Delete	TITLE	V.P.D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CHASON, LOUISE C	NAME	<i>Napoleone, Marie</i>		
STREET ADDRESS	24300 NE 151 PLACE	STREET ADDRESS	<i>6210 SW 84th Place</i>		
CITY-ST-ZIP	SALT SPRINGS, FL 32134	CITY-ST-ZIP	<i>Ocala, FL 34476</i>		
TITLE	SD <input type="checkbox"/> Delete	TITLE	SD <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	VIRGINIANNE, FINK	NAME	<i>Fink, Virginianne</i>		
STREET ADDRESS	4750 NE 23RD AVE	STREET ADDRESS	<i>4750 NE 23rd Ave</i>		
CITY-ST-ZIP	OCALA, FL 34479	CITY-ST-ZIP	<i>Ocala, FL 34479</i>		
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	MARSH, LEOTA	NAME	<i>Picard, Doris</i>		
STREET ADDRESS	8762 SE 61ST AVE	STREET ADDRESS	<i>5120 NE 9th St</i>		
CITY-ST-ZIP	OCALA, FL 34472	CITY-ST-ZIP	<i>Ocala, FL 34470</i>		
TITLE	D <input type="checkbox"/> Delete	TITLE			
NAME	PETERSON, MARY	NAME			
STREET ADDRESS	11094 NW HWY 314	STREET ADDRESS			
CITY-ST-ZIP	SILVER SPRINGS, FL 34488	CITY-ST-ZIP			
TITLE		TITLE			
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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: <i>Doris Picard - Treasurer</i>		DATE: <i>1/29/08</i>		DAYTIME PHONE #: <i>352 236-3425</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	