

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01648

FILED  
Feb 26, 2009  
Secretary of State

Entity Name: SAHARA CLUB OF MARION COUNTY, INC.

## Current Principal Place of Business:

P O BOX 830035  
OCALA, FL 344830035

## New Principal Place of Business:

4301 SE MARICAMP RD  
OCALA, FL 34471

## Current Mailing Address:

P O BOX 830035  
OCALA, FL 344830035

## New Mailing Address:

FEI Number: 59-2956589      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HALEY, PATRICIA  
401 SE 48TH AVE  
OCALA, FL 34471      US

## Name and Address of New Registered Agent:

HEADLEE, JUDY A  
5500 SE 42NC CT  
OCALA, FL 34480      US

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.

SIGNATURE: JUDY A HEADLEE

02/26/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: HALEY, PATRICIA  
Address: 401 SE 48TH AVE  
City-St-Zip: Ocala, FL 34471

Title: VPD ( ) Delete  
Name: NAPOLEONE, MARIE  
Address: 6210 SW 84TH PLACE  
City-St-Zip: Ocala, FL 34476

Title: SD ( ) Delete  
Name: VIRGINIANNE, FRANK  
Address: 4750 NE 23RD AVE  
City-St-Zip: Ocala, FL 34479

Title: TD ( ) Delete  
Name: PICARD, DORIS  
Address: 5120 NE 9TH ST  
City-St-Zip: Ocala, FL 34470

Title: D ( ) Delete  
Name: PETERSON, MARY  
Address: 11094 NW HWY 314  
City-St-Zip: SILVER SPRINGS, FL 34488

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VPD (X) Change ( ) Addition  
Name: HUBBARD, JACKIE  
Address: 13837 SE 80TH AVE  
City-St-Zip: SUMMERFIELD, FL 34491

Title: SD (X) Change ( ) Addition  
Name: BRYANT, DIANE  
Address: 15494 NE JACKSONVILLE RD  
City-St-Zip: CITRA, FL 32113

Title: TD (X) Change ( ) Addition  
Name: HEADLEE, JUDY  
Address: 5500 SE 42ND CT  
City-St-Zip: Ocala, FL 34480

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUDY A HEADLEE

TD

02/26/2009

Electronic Signature of Signing Officer or Director

Date