

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