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Apr 22 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N27929** (1)

1. Corporation Name

SAHARA CLUB, INC.

Principal Place of Business

Mailing Address

**2587 S. SANFORD AVENUE
SANFORD FL 32773-4606**

**2587 S. SANFORD AVENUE
SANFORD FL 32773-4606**



3. Date Incorporated or Qualified
08/17/1988

3a. Date of Last Report
03/12/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JUDY K WARREN
2934 WHITE PINE LANE
LONGWOOD FL 32750**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☒ DELETE
NAME **CLEMENTS, CARROLL J**
STREET ADDRESS **300 SATSUMA DRIVE**
CITY-ST-ZIP **SANFORD FL 32773**

1.1 TITLE **PRESIDENT** ☒ Change ☒ Addition
1.2 NAME **EDDIE SPAULDING**
1.3 STREET ADDRESS **1241 FOUNTAIN HEAD DRIVE SW**
1.4 CITY-ST-ZIP **DELTONA FL 32725**

TITLE **VD** ☒ DELETE
NAME **BETTIS, PHIL**
STREET ADDRESS **2710 ORLANDO DRIVE**
CITY-ST-ZIP **SANFORD FL 32773**

2.1 TITLE **VICE PRESIDENT** ☒ Change ☒ Addition
2.2 NAME **BUDDY SELF**
2.3 STREET ADDRESS **176 S 5th STREET**
2.4 CITY-ST-ZIP **LAKE MARY FL 32746**

TITLE **TD** ☐ DELETE
NAME **MORA, SERGIO**
STREET ADDRESS **514 HASSOCKS LOOP**
CITY-ST-ZIP **LAKE MARY FL 32746**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **SD** ☐ DELETE
NAME **WARREN, JUDY K**
STREET ADDRESS **2934 WHITE PINE LANE**
CITY-ST-ZIP **LONGWOOD FL 32750**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Sergio Mora **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/97
Date

407-306-6559
Daytime Phone # **0014721**

CR2E037 (9/96)