

4-30-98 B 60063 C  
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Apr 30 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N27929** (1)

1. Corporation Name

**SAHARA CLUB, INC.**

Principal Place of Business

**2587 S. SANFORD AVENUE  
SANFORD FL 32773-4806**

Mailing Address

**2587 S. SANFORD AVENUE  
SANFORD FL 32773-4806**



3. Date Incorporated or Qualified

**08/17/1988**

4. FEI Number

**59-2929865**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

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 **SPAULDING, EDDIE**  
STREET ADDRESS **1241 FOUNTAIN HEAD DRIVE**  
CITY-ST-ZIP **DELTONA FL**

TITLE **VPD** ☒ DELETE  
NAME **SELF, BUDDY**  
STREET ADDRESS **178 S 5TH STREET**  
CITY-ST-ZIP **LAKE MARY FL**

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

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

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE **PD** ☒ Change ☐ Addition  
1.2 NAME **Self, Buddy**  
1.3 STREET ADDRESS **178 S. 5th Street**  
1.4 CITY-ST-ZIP **Lake Mary, FL 32746**

2.1 TITLE **VPD** ☒ Change ☐ Addition  
2.2 NAME **Burt, George**  
2.3 STREET ADDRESS **115 Penelope Drive**  
2.4 CITY-ST-ZIP **Longwood, FL 32750**

3.1 TITLE **TD** ☒ Change ☐ Addition  
3.2 NAME **Drolet, Michael**  
3.3 STREET ADDRESS **1967 Stacey Circle**  
3.4 CITY-ST-ZIP **Deltona, FL 32738-4130**

4.1 TITLE **SD** ☒ Change ☐ Addition  
4.2 NAME **Mitchell, Carol**  
4.3 STREET ADDRESS **2409 Elm Avenue**  
4.4 CITY-ST-ZIP **Sanford, Florida 32771**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS

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

14. I 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:

 **MICHAEL S. DROLET**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0014584

CR2E037 (10/97)