2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Apr 19, 2004 8:00 am Secretary of State DOCUMENT # N27929 1. Entity Name 04-19-2004 90351 002 ****61.25 SAHÁRA CLUB, INC. Principal Place of Business Mailing Address 2587 S. SANFORD AVENUE 2587 S. SANFORD AVENUE SANFORD, FL 32773-4606 SANFORD, FL 32773-4606 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01082004 Chg-NP CR2E037 (10/03) Applied For City & State City & State 4. FEI Number 59-2929865 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Su**s**an LEWIS, BURTON J Street Address (P.O. Box Number is Not Acceptable) 510 POWER DRIVE SANFORD, FL 32771 150 Wildwood Dr Zip Code ピンファス 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 (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by May 1, 2004 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Delete Change 🔀 Addition TITLE TITLE pard Susan o Wildwood Dr LEWIS, BURTON J NAME NAME 510 POWER ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SANFORD, FL 32771 CITY-ST-7IP **VPO** Delete TITLE TITLE Harold King. 1730 Enterprise-Osteen Rd NAME FISCHER, JAMES A STREET ADDRESS 3106 PLANTATION LAKES CIRCLE STREET ADDRESS CITY-ST-7IP SANFORD, FL 32771 CITY-ST-7IP <u>Enterprise</u> TITLE Delete TITLE Addition . **BURT, CLAUDIA D** NAME NAME STREET ADDRESS 115 PENELOPE DR STREET ADDRESS CITY-ST-ZIP LONGWOOD, FL 32750 CITY-ST-ZIP SD Delete CHRISTOPHER, CHRISTINA M NAME Smith, NAME howas Stable Rd STREET ADDRESS 510 POWER ROAD STREET ADDRESS 32773 CITY-ST-ZIP SANFORD, FL 32771 CITY-ST-7IP TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete MLE ☐ Change ■ Addition 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 exemption stated in Section 119.07(3)(i), 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.

Clarke DBurt CICNATIDE.

4/14/04

FILED