## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27929

Entity Name: SAHARA CLUB, INC.

FILED Apr 23, 2005 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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2587 S. SANFORD AVENUE SANFORD, FL 327734606

Current Mailing Address: New Mailing Address:

2587 S. SANFORD AVENUE SANFORD, FL 327734606

FEI Number: 59-2929865 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

EPPARD, SUSAN

150 WILDWOOD DR

SANFORD, FL 32773 US

BURT, GEORGE L

115 PENELOPE DR.

LONGWOOD, FL 32750 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: GEORGE L. BURT 04/23/2005

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: PD () Delete Title: PD (X) Change () Addition

 Name:
 EPPARD, SUSAN
 Name:
 BURT, GEORGE L

 Address:
 150 WILDWOOD DR.
 Address:
 115 PENELOPE DR

 City-St-Zip:
 SANFORD, FL 32773
 City-St-Zip:
 LONGWOOD, FL 32750 US

Title: D ( ) Delete Title: VP D (X) Change ( ) Addition

 Name:
 KING, HAROLD
 Name:
 SANTO, JIM

 Address:
 1730 ENTERPRISE OSTEEN RD.
 Address:
 120 LINDSEY WAY

 City-St-Zip:
 ENTERPRISE, FL 32725
 City-St-Zip:
 SANFORD, FL 32771 US

Title: TD () Delete Title: () Change () Addition

 Name:
 BURT, CLAUDIA D
 Name:

 Address:
 115 PENELOPE DR
 Address:

 City-St-Zip:
 LONGWOOD, FL 32750
 City-St-Zip:

 $\label{eq:title:sde} {\sf Title:} \qquad {\sf SD} \qquad (\ ) \, {\sf Delete} \qquad \qquad {\sf Title:} \qquad {\sf SD} \qquad ({\sf X}) \, {\sf Change} \, (\ ) \, {\sf Addition}$ 

Name: SMITH, JERRY Name: DINEEN, PATTY

Address: 5055 THOMAS STABLE RD. Address: 13108 STONEBROOK DR City-St-Zip: SANFORD, FL 32773 City-St-Zip: SANFORD, FL 32773 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CLAUDIA D. BURT TD 04/23/2005