## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N27929

Entity Name: SAHARA CLUB, INC.

FILED Apr 28, 2006 Secretary of State

Current Principal Place of Business: New P	incipal 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:

BURT, GEORGE L

115 PENELOPE DR.

115 PENELOPE DR.

115 PENELOPE DR.

116 NOW ORD FL. 22750

LONGWOOD, FL 32750 US 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: CLAUDIA D. BURT 04/28/2006

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

 Name:
 BURT, GEORGE L
 Name:
 SANTO, JIM

 Address:
 115 PENELOPE DR
 Address:
 1285 HAMILTON AVENUE

 City-St-Zip:
 LONGWOOD, FL 32750 US
 City-St-Zip:
 ORANGE CITY, FL 32763 US

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

Name: SANTO, JIM Name: LEUKEL, JEFF

 Address:
 120 LINDSEY WAY
 Address:
 119 WEST 16TH STREET

 City-St-Zip:
 SANFORD, FL 32771 US
 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:DINEEN, PATTYName:CLEMENTS, CARROL CAddress:13108 STONEBROOK DRAddress:300 SATSUMA

City-St-Zip: SANFORD, FL 32773 US City-St-Zip: SANFORD, FL 32771 US

I hereby certify that the information supplied with this filing does not qualify for the 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: CLAUDIA D. BURT TD 04/28/2006