

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27929

FILED
Apr 30, 2007
Secretary of State

Entity Name: SAHARA CLUB, INC.

Current Principal Place of Business:

2587 S. SANFORD AVENUE
SANFORD, FL 327734606

New Principal Place of Business:

2587 S. SANFORD AVENUE
SANFORD, FL 32773 US

Current Mailing Address:

2587 S. SANFORD AVENUE
SANFORD, FL 327734606

New Mailing Address:

2587 S. SANFORD AVENUE
SANFORD, FL 32773 US

FEI Number: 59-2929865

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURT, CLAUDIA D
115 PENELOPE DR.
LONGWOOD, FL 32750 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SANTO, JIM
Address: 1285 HAMILTON AVENUE
City-St-Zip: ORANGE CITY, FL 32763 US

Title: VP D () Delete
Name: LEUKEL, JEFF
Address: 119 WEST 16TH STREET
City-St-Zip: SANFORD, FL 32771 US

Title: TD () Delete
Name: BURT, CLAUDIA D
Address: 115 PENELOPE DR
City-St-Zip: LONGWOOD, FL 32750

Title: SD () Delete
Name: CLEMENTS, CARROL C
Address: 300 SATSUMA
City-St-Zip: SANFORD, FL 32771 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LEUKEL, JEFFRY
Address: 119 WEST 16TH STREET
City-St-Zip: SANFORD, FL 32771 US

Title: VP D (X) Change () Addition
Name: KELLY, JOSEPH J
Address: 551 W. SPRINGTREE WAY
City-St-Zip: LAKE MARY, FL 32746 US

Title: TD (X) Change () Addition
Name: BURT, CLAUDIA D
Address: 115 PENELOPE DR
City-St-Zip: LONGWOOD, FL 32750 US

Title: SD (X) Change () Addition
Name: BURT, GEORGE L
Address: 115 PENELOPE DRIVE
City-St-Zip: LONGWOOD, FL 32750 US

I hereby certify that the information supplied with this filing does not qualify 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

TREA

04/30/2007

Electronic Signature of Signing Officer or Director

Date