

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Apr 15, 2009  
Secretary of State

DOCUMENT# N27929

Entity Name: SAHARA CLUB, INC.

**Current Principal Place of Business:**

2587 S. SANFORD AVENUE  
SANFORD, FL 32773 US

**New Principal Place of Business:**

**Current Mailing Address:**

2587 S. SANFORD AVENUE  
SANFORD, FL 32773 US

**New Mailing Address:**

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 TREAS  
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: BURT, GEORGE L PRES.  
Address: 115 PENELOPE DRIVE  
City-St-Zip: LONGWOOD, FL 32750 US

Title: VP D ( ) Delete  
Name: YOUNG, JIMMY VICE PR  
Address: 2545 PARK DRIVE #84  
City-St-Zip: SANFORD, FL 32773 US

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

Title: SD ( ) Delete  
Name: RHODES, DERRICK SEC  
Address: 109 VENETIAN BAY  
City-St-Zip: SANFORD, FL 32772 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: KING, HAROLD PRES.  
Address: P.O.BOX #914  
City-St-Zip: SANFORD, FL 32771 US

Title: VP D (X) Change ( ) Addition  
Name: RHODES, DERRICK VICE PR  
Address: 109 VENETIAN BAY  
City-St-Zip: SANFORD, FL 32772 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD (X) Change ( ) Addition  
Name: GREENE, SHERRY SEC  
Address: 575 SANDY PINES DRIVE  
City-St-Zip: ORANGE CITY, FL 32763 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

TD

04/15/2009

Electronic Signature of Signing Officer or Director

Date