

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N27929

**FILED**  
**May 03, 2012**  
**Secretary of State**

**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  
**Name:** SHEIBENBERGER, R.L. PRES.  
**Address:** 63 MAGNOLIA DRIVE  
**City-St-Zip:** DEBARY, FL 32713 US

**Title:** VP D  
**Name:** KENNEDY, MARIE VICE PR  
**Address:** 4369 FRANCES STREET  
**City-St-Zip:** SANFORD, FL 32773 US

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

**Title:** SD  
**Name:** MOONTREE, RHIANNON SEC  
**Address:** 123 ANDERSON CIRCLE  
**City-St-Zip:** SANFORD, FL 32771 US

I hereby 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 all other like empowered.

**SIGNATURE:** CLAUDIA D. BURT

TREA

05/03/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date