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Mar 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N42268** (5)

1. Corporation Name

SHADY HILLS RAIDERS, INCORPORATED

Principal Place of Business 16547 RICHLOAM LN SPRING HILL FL 34610 US	Mailing Address 16547 RICHLOAM LN SPRING HILL FL 34610-1659 US
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3. Date Incorporated or Qualified 02/25/1991	3a. Date of Last Report 03/19/1996
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2. Principal Place of Business 21 15700 WAXWEED Suite, Apt. #, etc. 22 City & State Springhill FL Zip 34610 Country US	2a. Mailing Address 26 15700 WAXWEED Suite, Apt. #, etc. 27 City & State Springhill, FL Zip 34610 Country U.S.	4. FEI Number NOT APPLICABLE Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**O'DELL, CATHERINE
16547 RICHLOAM LN
SPRINGHILL FL 34610**

10. Name and Address of New Registered Agent

81 Name LENNEY, ANNE M	85 Zip Code 34610
82 Street Address (P.O. Box Number is Not Acceptable) 15700 WAXWEED	
83	
84 City SPRING	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Anne M. Lenney*

(NOTE: Registered Agent signature required when reinstating)

DATE: **2/28/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE T	<input type="checkbox"/> DELETE	1.1 TITLE T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HUBBARD, LAUREL		1.2 NAME RUSSE, HELEN	
STREET ADDRESS 16342 CONNERMARA LN		1.3 STREET ADDRESS 10329 RAINBOW OAKS DR.	
CITY-ST-ZIP SPRINGHILL FL		1.4 CITY-ST-ZIP HUDSON, FL 34667	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME O'DELL, CATHERINE		2.2 NAME ANNE LENNEY, ANNE M	
STREET ADDRESS 16547 RICHLOAM LN		2.3 STREET ADDRESS 15700 WAXWEED	
CITY-ST-ZIP SPRINGHILL FL		2.4 CITY-ST-ZIP Springhill FL 34610	
TITLE ST	<input type="checkbox"/> DELETE	3.1 TITLE ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME COX, DEBBIE		3.2 NAME HARVEY, Cindy	
STREET ADDRESS 17912 GALVESTON ST		3.3 STREET ADDRESS 18040 APPLEJACK CT.	
CITY-ST-ZIP SPG HILL FL		3.4 CITY-ST-ZIP Springhill, FL 34610	
TITLE VP	<input type="checkbox"/> DELETE	4.1 TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RAZEY, DAVID		4.2 NAME DUPREE, KEVIN	
STREET ADDRESS 17801 NELSON ROAD		4.3 STREET ADDRESS 3041 TIFANY CT	
CITY-ST-ZIP SPRING HILL FL		4.4 CITY-ST-ZIP Springhill, FL 34608	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: *Anne M. Lenney*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: **2/28/97**

Daytime Phone # **0066554**

CR2E037 (9/96)