# 2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED**
**Jul 25, 2008**
**Secretary of State**

DOCUMENT# N42268

**Entity Name:** SHADY HILLS RAIDERS, INCORPORATED

**Current Principal Place of Business:**

15480 GREENGLEN LN
SPRING HILL, FL 34610 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 11370
SHADY HILLS, FL 34610 US

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

OLEY, MILDRED D
14600 IVY CHASE LN
APT 4
HUDSON, FL 34667 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: | DIR | ( ) Delete |
| Name: | HINK, KENNY | |
| Address: | 18203 GREENSBORO ST | |
| City-St-Zip: | SPRING HILL, FL 34610 | |
| Title: | ATHD | ( ) Delete |
| Name: | OLEY, KRISTOPHER J | |
| Address: | 16034 TULIP TREE DR | |
| City-St-Zip: | SPRING HILL, FL 34610 | |
| Title: | CHRC | ( ) Delete |
| Name: | WILLIAMS, KELLY | |
| Address: | 10834 STAMFORD DR | |
| City-St-Zip: | PORT RICHEY, FL 34668 | |
| Title: | TPCF | ( ) Delete |
| Name: | OLEY, MILDRED D | |
| Address: | 14600 IVY CHASE LN APT 4 | |
| City-St-Zip: | HUDSON, FL 34667 | |
| Title: | TPCC | ( ) Delete |
| Name: | SANDERSON, MELLISSA | |
| Address: | 182 HUSEK ST | |
| City-St-Zip: | BROOKSVILLE, FL 34604 | |

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

| | | |
|---|---|---|
| Title: | DIR | (X) Change ( ) Addition |
| Name: | LENNEY, ANNE M | |
| Address: | 15700 WAXWEED AVE. | |
| City-St-Zip: | SPRING HILL, FL 34610 | |
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | | ( ) Change ( ) Addition |
| Name: | | |
| Address: | | |
| City-St-Zip: | | |
| Title: | TRE | (X) Change ( ) Addition |
| Name: | COOPER, ADAM | |
| Address: | 11413 MURCOTT WAY | |
| City-St-Zip: | LAND O' LAKES, FL 34638 | |

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: MILDRED D. OLEY TPCF 07/25/2008
Electronic Signature of Signing Officer or Director — Date