



# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N01000001853</b> 1. Entity Name LEVY COUNTY HORSE CLUB, INC.			
Principal Place of Business 2119 N.W. 11 DRIVE CHIEFLAND, FL 32626		Mailing Address 2119 N.W. 11 DRIVE CHIEFLAND, FL 32626	
<b>DO NOT WRITE IN THIS SPACE</b>		 04222004 No Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent  HALE, LEONORA 2119 N.W. 11 DRIVE CHIEFLAND, FL 32626		<b>DO NOT WRITE IN THIS SPACE</b>	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE: <i>Leonora Hale</i> <small>Signature typed or printed name of registered agent and title if applicable.</small>		<small>(NOTE: Registered Agent signature required when reinstating)</small> DATE:	
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>		000000126308 04/23/04-80028-021 61.25	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WILSON, DAVE P.O. BOX 687 OLD TOWN, FL 32680	<b>DO NOT WRITE IN THIS SPACE</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CLEARY, FRANK 2319 NW 50 STREET BELL, FL 32619		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HALE, LEONORA 2119 N.W. 11 DRIVE CHIEFLAND, FL 32626		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WILLIAMS, RHONDA 210 S.E. 95TH PLACE TRENTON, FL 32693		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CLEARY, FRANK 2319 N.W. 50TH STREET BELL, FL 32619		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
<b>SIGNATURE:</b> <i>Leonora Hale Treasurer 4-22-04 352-490-5008</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			