

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001853

FILED  
Apr 22, 2005  
Secretary of State

Entity Name: LEVY COUNTY HORSE CLUB, INC.

## Current Principal Place of Business:

2119 N.W. 11 DRIVE  
CHIEFLAND, FL 32626

## New Principal Place of Business:

6291 NW CR 336  
CHIEFLAND, FL 32626 US

## Current Mailing Address:

2119 N.W. 11 DRIVE  
CHIEFLAND, FL 32626

## New Mailing Address:

P.O. BOX 2631  
CHIEFLAND, FL 32644 US

FEI Number: 59-3716808

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HALE, LEONORA  
2119 N.W. 11 DRIVE  
CHIEFLAND, FL 32626 US

## Name and Address of New Registered Agent:

SHARKEY, ANN E  
6291 NW CR 336  
CHIEFLAND, FL 32626 US

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: ANN E. SHARKEY

04/22/2005

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: WILSON, DAVE  
Address: P.O. BOX 687  
City-St-Zip: OLD TOWN, FL 32680

Title: VD ( ) Delete  
Name: CLEARY, FRANK  
Address: 2319 NW 50 STREET  
City-St-Zip: BELL, FL 32619

Title: TD ( ) Delete  
Name: HALE, LEONORA  
Address: 2119 N.W. 11 DRIVE  
City-St-Zip: CHIEFLAND, FL 32626

Title: SD ( ) Delete  
Name: WILLIAMS, RHONDA  
Address: 210 S.E. 95TH PLACE  
City-St-Zip: TRENTON, FL 32693 US

Title: D ( ) Delete  
Name: CLEARY, FRANK  
Address: 2319 N.W. 50TH STREET  
City-St-Zip: BELL, FL 32619

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: WILSON, DAVE  
Address: P.O. BOX 687  
City-St-Zip: OLD TOWN, FL 32680 US

Title: VD (X) Change ( ) Addition  
Name: BEASLEY, RANDY  
Address: 5631 SE SR 121  
City-St-Zip: MORRISTON, FL 32668 US

Title: TD (X) Change ( ) Addition  
Name: SHARKEY, ANN E  
Address: 6291 NW CR 336  
City-St-Zip: CHIEFLAND, FL 32626 US

Title: SD (X) Change ( ) Addition  
Name: WILSON, BONNIE  
Address: P.O. BOX 687  
City-St-Zip: OLD TOWN, FL 32680 US

Title: D (X) Change ( ) Addition  
Name: CLEARY, FRANK  
Address: 2319 N.W. 50TH STREET  
City-St-Zip: BELL, FL 32619 US

Title: D ( ) Change (X) Addition  
Name: NIBERT, NANCY  
Address: 5950 NW 37TH PLACE  
City-St-Zip: CHIEFLAND, FL 32626 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ANN E. SHARKEY

TD

04/22/2005

Electronic Signature of Signing Officer or Director

Date