


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90402 011 ****61.25

DOCUMENT # N01000001853	
1. Entity Name LEVY COUNTY HORSE CLUB, INC.	

Principal Place of Business 6291 NW CR 336 CHIEFLAND, FL 32626 US	Mailing Address P.O. BOX 2631 CHIEFLAND, FL 32644 US
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2. Principal Place of Business 6891 NW 88 Ln. Suite, Apt. #, etc.	3. Mailing Address Same Suite, Apt. #, etc.
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City & State Chiefland, FL.	City & State
Zip 32626	Country LEVY

6. Name and Address of Current Registered Agent SHARKEY, ANN E 6291 NW CR 336 CHIEFLAND, FL 32626	
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7. Name and Address of New Registered Agent Name LEONORA L. HALE Street Address (P.O. Box Number is Not Acceptable) 6891 NW 88 Ln. City Chiefland FL Zip Code 32626	
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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 Leonora L. Hale 4-21-06 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE	
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Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete P WILSON, DAVE P.O. BOX 687 OLD TOWN, FL 32680
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete VD BEASLEY, RANDY 5631 SE SR 121 MORRISTON, FL 32668
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete TD SHARKEY, ANN E 6291 NW CR 336 CHIEFLAND, FL 32626
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete SD WILSON, BONNIE P.O. BOX 687 OLD TOWN, FL 32680
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D CLEARY, FRANK 2319 N.W. 50TH STREET BELL, FL 32619
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D NIBERT, NANCY 5950 NW 37TH PLACE CHIEFLAND, FL 32626

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition LEONORA L. HALE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6891 NW 88 Ln Chiefland, FL 32626
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.	
SIGNATURE: Leonora L. Hale LEONORA L. HALE 4/21/06 352-535-5027 Signature and typed or printed name of signing officer or director Date Daytime Phone #	