

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001853

FILED
Apr 26, 2008
Secretary of State

Entity Name: LEVY COUNTY HORSE CLUB, INC.

Current Principal Place of Business:

6891 NW 88 LN
CHIEFLAND, FL 32626 US

New Principal Place of Business:

Current Mailing Address:

6891 NW 88 LN
CHIEFLAND, FL 32626 US

New Mailing Address:

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 L
6891 NW 88 LN
CHIEFLAND, FL 32626 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: P () Delete
Name: WILSON, DAVE
Address: P.O. BOX 687
City-St-Zip: OLD TOWN, FL 32680 US

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

Title: TD () Delete
Name: HALE, LEONORA L
Address: 6891 NW 88 LN
City-St-Zip: CHIEFLAND, FL 32626 US

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

Title: D () Delete
Name: NIBERT, RON
Address: 5950 NW 37 PL
City-St-Zip: CHIEFLAND, FL 32626 US

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: LEONORA L HALE

TREA

04/26/2008

Electronic Signature of Signing Officer or Director

Date