

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000001853

**Entity Name:** LEVY COUNTY HORSE CLUB, INC.**Current Principal Place of Business:**5950 NW 37TH PL  
CHIEFLAND, FL 32626**Current Mailing Address:**P O BOX 2631  
CHIEFLAND, FL 32644 US**FEI Number: 59-3716808****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NIBERT, NANCY E  
5950 NW 37TH PL  
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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	P
Name	WILSON, DAVE
Address	P.O. BOX 687
City-State-Zip:	OLD TOWN FL 32680

Title	VP
Name	HALE, LEONORA L
Address	6891 NW 88TH LN
City-State-Zip:	CHIEFLAND FL 32626

Title	T
Name	NIBERT, NANCY
Address	5950 NW 37TH PL
City-State-Zip:	CHIEFLAND FL 32626

Title	SD
Name	WILSON, BONNIE
Address	P.O. BOX 687
City-State-Zip:	OLD TOWN FL 32680

Title	D
Name	MAINWARING, SHEILA
Address	4555 NW 100TH AVE
City-State-Zip:	CHIEFLAND FL 32626

*I hereby 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 all other like empowered.*

**SIGNATURE: NANCY NIBERT****TREASURER****04/02/2014**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date