

**2013 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**

**04/22/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date