

2015 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	MCCANDLESS, GREG
Address	PO BOX 134
City-State-Zip:	CEDAR KEY FL 32625

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	THOMAS, BENNIE
Address	6871 SW 2ND LN
City-State-Zip:	BELL FL 32619

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****04/18/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date