

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N16000007351

**Entity Name:** LEVY COUNTY HORSE CLUB TRAILRIDERS, INC.

**Current Principal Place of Business:**

5950 NW 37TH PL  
CHIEFLAND, FL 32626

**Current Mailing Address:**

PO BOX 2631  
CHIEFLAND, FL 32644 US

**FEI Number: 81-3405672**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

NIBERT, NANCY  
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: NANCY NIBERT**

**04/09/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            WILSON, DAVE  
Address        823 NE 899TH ST  
City-State-Zip: OLD TOWN FL 32680

Title            VP  
Name            BEESON, KATHIE  
Address        7220NW 60TH STREET  
City-State-Zip: CHIEFLAND FL 32626

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

Title            SEC  
Name            WILSON, BONNIE  
Address        823 NE 899TH STREET  
City-State-Zip: OLD TOWN FL 32680

Title            DIRECTOR  
Name            THOMAS, BENNIE  
Address        6871 S W 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: DAVE WILSON**

**PRESIDENT**

**04/09/2023**

Electronic Signature of Signing Officer/Director Detail

Date