

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
May 15, 2007  
Secretary of State**

DOCUMENT# N06000004384

Entity Name: DEFENDERS MOTORCYCLE CLUB - CHARLOTTE COUNTY FLORIDA CHAPTER, INC.

**Current Principal Place of Business:**

23300 HARPER AVE  
PT. CHARLOTTE, FL 339802912

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX #511553  
PUNTA GORDA, FL 339511553

**New Mailing Address:**

FEI Number: 20-4727895      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

GREUSEL, JAMIE B ESQ  
1104 NORTH COLLIER BLVD  
MARCO ISLAND, FL 34145      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: ANDERSON, SCOTT  
Address: P.O. BOX #511553  
City-St-Zip: PUNTA GORDA, FL 339511553

Title: V      ( ) Delete  
Name: CONTE, JOHN  
Address: P.O. BOX #511553  
City-St-Zip: PUNTA GORDA, FL 339511553

Title: S      ( ) Delete  
Name: COLEMAN, DOUGLAS  
Address: P.O. BOX #511553  
City-St-Zip: PUNTA GORDA, FL 339511553

Title: T      ( ) Delete  
Name: JANUZZI, THOMAS  
Address: P.O. BOX #511553  
City-St-Zip: PUNTA GORDA, FL 339511553

Title: D      ( ) Delete  
Name: PRESCITI, VICTOR  
Address: P.O. BOX #511553  
City-St-Zip: PUNTA GORDA, FL 339511553

Title: D      ( ) Delete  
Name: SMITH, WALTER  
Address: P.O. BOX #511553  
City-St-Zip: PUNTA GORDA, FL 339511553

**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  
Name:  
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: SCOTT ANDERSON

P

05/15/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date