

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000009433

FILED
Apr 27, 2009
Secretary of State

Entity Name: DEFENDERS MOTORCYCLE CLUB - SMOKY MTN CHAPTER, INC.

Current Principal Place of Business:

564 PENLAND STREET
CLYDE, NC 28721

New Principal Place of Business:

Current Mailing Address:

564 PENLAND STREET
CLYDE, NC 28721

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

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: PD () Delete
Name: WILLIAMS, MARK
Address: 564 PENLAND STREET
City-St-Zip: CLYDE, NC 28721

Title: VD () Delete
Name: PUMPHREY, SONNY
Address: 564 PENLAND STREET
City-St-Zip: CLYDE, NC 28721

Title: D () Delete
Name: GUY, THOMAS E
Address: 564 PENLAND STREET
City-St-Zip: CLYDE, NC 28721

Title: D () Delete
Name: HUGHES, JASON
Address: 564 PENLAND STREET
City-St-Zip: CLYDE, NC 28721

Title: D () Delete
Name: CARTER, ALFRED S
Address: 564 PENLAND STREET
City-St-Zip: CLYDE, NC 28721

Title: TD () Delete
Name: JONES, ROBERT
Address: 564 PENLAND STREET
City-St-Zip: CLYDE, NC 28721

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
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Address:
City-St-Zip:

Title: () Change () Addition
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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: MARK WILLIAMS

PD

04/27/2009

Electronic Signature of Signing Officer or Director

_____ Date