

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000010858

**Entity Name:** DEFENDERS MOTORCYCLE CLUB - SOUTH JERSEY TWO  
CHAPTER, INC.

**FILED**  
**Jan 15, 2017**  
**Secretary of State**  
**CC3248548858**

**Current Principal Place of Business:**

515 WHITMAN DRIVE  
C/O EMIL SZYMCAK  
TURNERSVILLE, NJ 08012

**Current Mailing Address:**

232 ABERDEEN AVE  
C/O DOUG ADAMS  
LANDISVILLE, NJ 08326 US

**FEI Number: 27-0924314**

**Certificate of Status Desired: No**

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

BROWN, ROY W  
2142 SUNRISE BLVD  
FORT MYERS, FL 33907 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            PRESIDENT  
Name            MCCANN, JOHN  
Address        232 ABERDEEN AVE  
                  C/O DOUG ADAMS  
City-State-Zip: LANDISVILLE NJ 08326

Title            VP  
Name            MOYER, LYNN  
Address        232 ABERDEEN AVE  
                  C/O DOUG ADAMS  
City-State-Zip: LANDISVILLE NJ 08326

Title            SECRETARY  
Name            ADAMS, DOUGLAS  
Address        232 ABERDEEN AVE  
                  C/O DOUG ADAMS  
City-State-Zip: LANDISVILLE NJ 08326

Title            TREASURER  
Name            SZYMCAK, EMIL  
Address        232 ABERDEEN AVE  
                  C/O DOUG ADAMS  
City-State-Zip: LANDISVILLE NJ 08326

*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: EMIL T SZYMCAK**

**TREASURER**

**01/15/2017**

Electronic Signature of Signing Officer/Director Detail

Date