

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000003814

**FILED**  
**Feb 28, 2014**  
**Secretary of State**  
**CC9600806177**

**Entity Name:** DEFENDERS MOTORCYCLE CLUB - TAR HEEL CHAPTER, INC.

**Current Principal Place of Business:**

9410 FOXGROVE CT  
RALEIGH, NC 27617

**Current Mailing Address:**

9410 FOXGROVE CT  
RALEIGH, NC 27617

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

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

BROWN, ROY W  
12320 DAVIS COURT  
FT MYERS, FL 33905 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 DP  
Name OTTAWAY, CHUCK  
Address 9410 FOXGROVE CT  
City-State-Zip: RALEIGH NC 27617

Title DV  
Name MCLURE, ROD  
Address 9410 FOXGROVE CT  
City-State-Zip: RALEIGH NC 27617

Title DS  
Name BUONADONNA, JOSH  
Address 9410 FOXGROVE CT  
City-State-Zip: RALEIGH NC 27617

Title DT  
Name COLE, MAURY  
Address 9410 FOXGROVE CT  
City-State-Zip: RALEIGH NC 27617

Title DC  
Name BUONADONNA, JOHN  
Address 9410 FOXGROVE CT  
City-State-Zip: RALEIGH NC 27617

Title D  
Name ROMEO, PETER  
Address 9410 FOXGROVE CT  
City-State-Zip: RALEIGH NC 27617

*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: MAURY COLE**

**TREASURE**

**02/28/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date