

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

DOCUMENT# N11000007411

**FILED**  
**Feb 12, 2017**  
**Secretary of State**  
**CC9734979535**

**Entity Name:** DEFENDERS MOTORCYCLE CLUB - TREASURE COAST CHAPTER, INC.

**Current Principal Place of Business:**

1490 SW KAMCHATKA AVE.  
PORT ST. LUCIE, FL 34953

**Current Mailing Address:**

1490 SW KAMCHATKA AVE.  
PORT ST. LUCIE, FL 34953 US

**FEI Number:** 45-3276573

**Certificate of Status Desired:** No

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

BROWN, ROY W  
2142 SUNRISE BLVD.  
FT. 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 DVP, PRESIDENT  
Name DEVORE, JEFFREY  
Address 2373 SE CORSICA ROAD  
City-State-Zip: PORT ST. LUCIE FL 34952

Title VICE PRESIDENT  
Name HIGGINS, SKIP  
Address 1001 BARBER ST.  
City-State-Zip: SEBASTIAN FL 32958

Title DS  
Name REMSEN, JAY  
Address 732 SW MYAKKA RIVER TRACE  
City-State-Zip: PORT ST. LUCIE FL 34986

Title DT  
Name VALENTE, JOSEPH M  
Address 4630 PALADIN CIRCLE  
City-State-Zip: VERO BEACH FL 32967

Title DM  
Name LAQUERRE, LEO  
Address 16982 SW AMBROSE WAY  
City-State-Zip: PORT SAINT LUCIE FL 34986

Title DM  
Name CONCILIO, DICK  
Address 2165 53RD AVE.  
City-State-Zip: VERO BEACH FL 32966

*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: JOSEPH M. VALENTE**

**TREASURER**

**02/12/2017**

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

\_\_\_\_\_  
Date