

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000007411

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

**FILED**  
**Jan 28, 2021**  
**Secretary of State**  
**3242936436CC**

**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  
15901 SW 254TH STREET  
HOMESTEAD, FL 33031 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 KOVAC, MIKE  
Address 2250 SE LUCAYA ST..  
City-State-Zip: PORT ST LUCIE FL 34952

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 1876 77TH DRIVE  
City-State-Zip: VERO BEACH FL 32966

Title DM  
Name YOUNGBLOOD, KENNETH  
Address 1081 SW30TH ST.  
City-State-Zip: PALM CITY FL 34990

Title DM  
Name LOBMEYER, JOHN  
Address 4645 MAXWELL PLACE SW  
City-State-Zip: VERO BEACH FL 32968

*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**

**01/28/2021**

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

\_\_\_\_\_  
Date