2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000010007

Entity Name: DEFENDERS MOTORCYCLE CLUB - CUMBERLAND GAP

CHAPTER, INC.

Current Principal Place of Business:

471 CAMPRIDGE ROAD LAFOLLETTE, TN 37766

Current Mailing Address:

471 CAMPRIDGE ROAD LAFOLLETTE, TN 37766 US

FEI Number: 45-3563849 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

FILED Apr 30, 2014

Secretary of State

CC9359405312

Officer/Director Detail:

Title **PRESIDENT** Title VΡ

Name HATFIELD, VERLIN J Name LAWSON, JOHNNY D Address 471 CAMPRIDGE ROAD Address **471 CAMPRIDGE ROAD** City-State-Zip: LAFOLLETTE TN 37766 City-State-Zip: LAFOLLETTE TN 37766

Title **COMMANDER** Title **MAJOR**

STEPHENS, WALTER B Name STEPHENS, TONY Name Address 471 CAMPRIDGE ROAD Address 471 CAMPRIDGE ROAD City-State-Zip: LAFOLLETTE TN 37766 City-State-Zip: LAFOLLETTE TN 37766

Title **TREASURER** Title LT.@ ARMS Name OWENS, DAVID Name CUTSINGER, KEN

Address 471 CAMPRIDGE ROAD 471 CAMPRIDGE ROAD Address City-State-Zip: LAFOLLETTE TN 37766 LAFOLLETTE TN 37766 City-State-Zip:

Title **SECRETARY**

Name RICKERMAN, MATTHEW Address **471 CAMPRIDGE ROAD** LAFOLLETTE TN 37766 City-State-Zip:

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: VERLIN HATFIELD

Electronic Signature of Signing Officer/Director Detail

04/30/2014

PRESIDENT

Date