

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000010007

Entity Name: DEFENDERS MOTORCYCLE CLUB - ROCKY TOP CHAPTER,
INC**FILED**
Apr 21, 2015
Secretary of State
CC6785191307**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**Officer/Director Detail :**

Title	PRESIDENT
Name	HATFIELD, VERLIN J
Address	471 CAMPRIDGE ROAD
City-State-Zip:	LAFOLLETTE TN 37766

Title	VP
Name	LAWSON, JOHNNY D
Address	471 CAMPRIDGE ROAD
City-State-Zip:	LAFOLLETTE TN 37766

Title	LT.@ ARMS
Name	CUTSINGER, KEN
Address	471 CAMPRIDGE ROAD
City-State-Zip:	LAFOLLETTE TN 37766

Title	TREASURER
Name	OWENS, DAVID
Address	471 CAMPRIDGE ROAD
City-State-Zip:	LAFOLLETTE TN 37766

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

Title	S
Name	WALDEN, ROBERT
Address	471 CAMPRIDGE ROAD
City-State-Zip:	LAFOLLETTE TN 37766

Title	C
Name	BUNTING, MICHAEL
Address	471 CAMPRIDGE ROAD
City-State-Zip:	LAFOLLETTE TN 37766

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: DAVID OWENS**TREASURER****04/21/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date