

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000002738

Entity Name: DEFENDERS MOTORCYCLE CLUB - TRI-CITIES CHAPTER, INC.**Current Principal Place of Business:**199 HILLCREST CIRCLE
JONESBOROUGH, TN 37659**Current Mailing Address:**199 HILLCREST CIRCLE
JONESBOROUGH, TN 37659**FEI Number: 46-2407758****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	D/VP
Name	HURD, KEVIN
Address	199 HILLCREST CIRCLE
City-State-Zip:	JONESBOROUGH TN 37659

Title	D/C
Name	FINLEY, DON
Address	210 MAPLE RIDGE DR.
City-State-Zip:	JONESBOROUGH TN 37659

Title	D/T
Name	DRAPER, TIMOTHY
Address	164 BUCHANAN RD
City-State-Zip:	JONESBOROUGH TN 37659

Title	D/ P
Name	JOHNSON , BRIAN
Address	199 HILLCREST CIRCLE
City-State-Zip:	JONESBOROUGH TN 37659

Title	D/M
Name	CLYBURN , JEFF
Address	199 HILLCREST CIR
City-State-Zip:	JONESBOROUGH TN 37659

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: TIMOTHY DRAPER**TREASURER****03/03/2020**_____
Electronic Signature of Signing Officer/Director Detail_____
Date