

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000002804

FILED
Mar 08, 2015
Secretary of State
CC5712117079**Entity Name:** DEFENDERS MOTORCYCLE CLUB - MASON DIXON CHAPTER, INC.**Current Principal Place of Business:**19918 THORNGROVE COURT
HAGERSTOWN, MD 21742**Current Mailing Address:**19918 THORNGROVE COURT
HAGERSTOWN, MD 21742**FEI Number: NOT APPLICABLE****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	PD
Name	LEENEY, SCOTT
Address	19918 THORNGROVE COURT
City-State-Zip:	HAGERSTOWN MD 21742

Title	VPD
Name	MOLINEAUX, JON
Address	19918 THORNGROVE COURT
City-State-Zip:	HAGERSTOWN MD 21742

Title	SD
Name	COCHRAN, JAYSEN
Address	19918 THORNGROVE COURT
City-State-Zip:	HAGERSTOWN MD 21742

Title	TD
Name	MONICA, GREGORY
Address	19918 THORNGROVE COURT
City-State-Zip:	HAGERSTOWN MD 21742

Title	CD
Name	TASKER, SHAWN
Address	19918 THORNGROVE COURT
City-State-Zip:	HAGERSTOWN MD 21742

Title	D
Name	CREEK, ALLEN
Address	19918 THORNGROVE COURT
City-State-Zip:	HAGERSTOWN MD 21742

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: SCOTT LEENEY**PD****03/08/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date