

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000008961

Entity Name: DEFENDERS MOTORCYCLE CLUB - HAWKEYE CHAPTER, INC.**Current Principal Place of Business:**2919 TWIN MILL DR. NE
NORTH LIBERTY, IA 52317**Current Mailing Address:**2919 TWIN MILL DR. NE
NORTH LIBERTY, IA 52317 US**FEI Number:** 47-1719095**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BROWN, ROY W
2142 SUNRISE BLVD
FT MYERS, FL 33907 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	DP
Name	BERNHARD, JESS
Address	2919 TWIN MILL DR. NE
City-State-Zip:	NORTH LIBERTY IA 52317

Title	DL
Name	BUSZKA, BRENT
Address	2919 TWIN MILL DR. NE
City-State-Zip:	NORTH LIBERTY IA 52317

Title	DM
Name	WENDEL, MIKE
Address	2919 TWIN MILL DR. NE
City-State-Zip:	NORTH LIBERTY IA 52317

Title	DV
Name	WENDEL, CHAD
Address	2919 TWIN MILL DR. NE
City-State-Zip:	NORTH LIBERTY IA 52317

Title	DC
Name	HOLT, ERIK
Address	2919 TWIN MILL DR. NE
City-State-Zip:	NORTH LIBERTY IA 52317

Title	SD
Name	VRY, CODY
Address	2919 TWIN MILL DR. NE
City-State-Zip:	NORTH LIBERTY IA 52317

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: JESS BERNHARD**PRESIDENT****01/29/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date