

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000008961

**FILED**  
**Jan 02, 2020**  
**Secretary of State**  
**8246295920CC**

**Entity Name:** DEFENDERS MOTORCYCLE CLUB - HAWKEYE CHAPTER, INC.

**Current Principal Place of Business:**

1443 WINDHAM HILL DRIVE  
RIVERSIDE, IA 52327

**Current Mailing Address:**

1443 WINDHAM HILL DR  
RIVERSIDE, IA 52327 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            PRESIDENT  
Name            WENDEL, CHAD  
Address        1443 WINDHAM HILL DRIVE  
City-State-Zip: RIVERSIDE IA 52327

Title            VP  
Name            STIMMEL, JERRY  
Address        1443 WINDHAM HILL DRIVE  
City-State-Zip: RIVERSIDE IA 52327

Title            DL  
Name            BUSZKA, BRENT  
Address        1443 WINDHAM HILL DRIVE  
City-State-Zip: RIVERSIDE IA 52327

Title            DC  
Name            HOLT, ERIK  
Address        1443 WINDHAM HILL DRIVE  
City-State-Zip: RIVERSIDE IA 52327

Title            DM  
Name            WENDEL, MIKE  
Address        1443 WINDHAM HILL DR  
City-State-Zip: RIVERSIDE IA 52327

Title            TREASURER  
Name            VISIN, DAVID  
Address        1443 WINDHAM HILL DR  
City-State-Zip: RIVERSIDE IA 52327

Title            SECRETARY  
Name            NOSKA, LOREN  
Address        411 WINDAM DR  
City-State-Zip: SOLON IA 52333

*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 VISIN

**TREASURER**

**01/02/2020**

Electronic Signature of Signing Officer/Director Detail

Date