

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000008961

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

**FILED**  
**Mar 08, 2016**  
**Secretary of State**  
**CC3546678576**

**Current Principal Place of Business:**

85 AUGUSTA CT  
NORTH LIBERTY, IA 52317

**Current Mailing Address:**

85 AUGUSTA CT  
NORTH LIBERTY, IA 52317

**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 85 AUGUSTA CT  
City-State-Zip: NORTH LIBERTY IA 52317

Title DV  
Name WENDEL, CHAD  
Address 85 AUGUSTA CT  
City-State-Zip: NORTH LIBERTY IA 52317

Title DL  
Name BUSZKA, BRENT  
Address 85 AUGUSTA CT  
City-State-Zip: NORTH LIBERTY IA 52317

Title DC  
Name HOLT, ERIK  
Address 85 AUGUSTA CT  
City-State-Zip: NORTH LIBERTY IA 52317

Title DM  
Name WENDEL, MIKE  
Address 85 AUGUSTA CT  
City-State-Zip: NORTH LIBERTY IA 52317

Title SD  
Name ROEHLER, MERTON  
Address 85 AUGUSTA CT  
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**

**03/08/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date