

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000009165

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

**FILED**  
**Jan 28, 2023**  
**Secretary of State**  
**4056615879CC**

**Current Principal Place of Business:**

4021 MO-38  
ELKLAIND, MO 65644

**Current Mailing Address:**

4021 MO-38  
ELKLAIND, MO 65644 US

**FEI Number: 47-5030190**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

KOVAC, MICHAEL  
8435 N CAMPBELL RD  
15901 SW 254TH ST.  
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: MICHAEL KOVAC**

**01/28/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           PRESIDENT  
Name           CRITES, KEVIN JR.  
Address        4021 MO-38  
City-State-Zip: ELKLAIND MO 65644

Title           VPD  
Name           HOLMES, LAMONT  
Address        4021 MO-38  
City-State-Zip: ELKLAIND MO 65644

Title           TREASURER  
Name           CRUSE, JOHN L  
Address        4021 MO-38  
City-State-Zip: ELKLAIND MO 65644

Title           MAJOR  
Name           WINSLOW, BUTCH  
Address        4021 MO-38  
City-State-Zip: ELKLAIND MO 65644

Title           LIEUTENANT AT ARMS  
Name           DENTON, MIKE JR.  
Address        4021 MO-38  
City-State-Zip: ELKLAIND MO 65644

Title           SECRETARY  
Name           MASSENGILL, DON  
Address        4021 MO-38  
City-State-Zip: ELKLAIND MO 65644

Title           COMMANDER  
Name           RADER, DARRELL  
Address        4021 MO-38  
City-State-Zip: ELKLAIND MO 65644

*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: JOHN L. CRUSE**

**TREASURER**

**01/28/2023**

Electronic Signature of Signing Officer/Director Detail

Date