

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N20000014198

**Entity Name:** PUNISHERS MC CAPE FEAR INC.

**FILED**  
**Jan 12, 2022**  
**Secretary of State**  
**1631269886CC**

**Current Principal Place of Business:**

17080 HARBOUR POINTE DRIVE  
HARBOUR TOWER SUITE 1113  
FORT MYERS, FL 33908

**Current Mailing Address:**

17080 HARBOUR POINTE DRIVE  
HARBOUR TOWER SUITE 1113  
FORT MYERS, FL 33908 US

**FEI Number: 85-4049864**

**Certificate of Status Desired:** Yes

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

LALIBERTE, JOSEPH PAUL  
17080 HARBOUR POINTE DRIVE  
HARBOUR TOWER SUITE 1113  
FORT MYERS, FL 33908 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:** JOSEPH P. LALIBERTE

01/12/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            TURNER, JASON  
Address        2528 SW 31ST LANE  
City-State-Zip: CAPE CORAL FL 33909

Title            VICE PRESIDENT  
Name            DAN, PORTER  
Address        910 SE 26TH STREET  
City-State-Zip: CAPE CORAL FL 33904

Title            MASTER SARGEANT AT ARMS  
Name            LALIBERTE, JOSEPH PAUL  
Address        17080 HARBOUR POINTE DRIVE  
                 HARBOUR TOWER SUITE 1113  
City-State-Zip: FORT MYERS FL 33908

Title            TREASURER  
Name            MARTIN, ALEX  
Address        3913 SW 8TH COURT  
City-State-Zip: CAPE CORAL FL 33914

Title            SECRETARY  
Name            GROW, LUCIAN  
Address        1028 SW 11TH COURT  
City-State-Zip: CAPE CORAL FL 33991

Title            DIRECTOR  
Name            SMITH, BOB  
Address        528 CULTURAL PARK BLVD.  
City-State-Zip: CAPE CORAL FL 33990

Title            SARGEANT AT ARMS  
Name            ERICKSON, GARY  
Address        17160 SLATER ROAD  
City-State-Zip: NORTH FORT MYERS FL 33917

*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:** JOSEPH PAUL LALIBERTE

**REGISTERED AGENT**

01/12/2022

Electronic Signature of Signing Officer/Director Detail

Date