

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005893

FILED
Feb 07, 2008
Secretary of State

Entity Name: DEFENDERS MOTORCYCLE CLUB, INC.

Current Principal Place of Business:

58 - 10TH ST N
NAPLES, FL 34102

New Principal Place of Business:

Current Mailing Address:

PO BOX 10764
NAPLES, FL 341010764

New Mailing Address:

FEI Number: 41-2141638

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GREUSEL, JAMIE B
1104 N COLLIER BLVD
MARCO ISLAND, FL 34145 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: POPKA, JOSEPH D
Address: 58 - 10TH ST N
City-St-Zip: NAPLES, FL 34102

Title: VD () Delete
Name: AUGIE, MALAGON
Address: 58 10TH STREET NORTH
City-St-Zip: NAPLES, FL 34102

Title: D () Delete
Name: PRINCIPE, EDWARD
Address: 58 10TH STREET NORTH
City-St-Zip: NAPLES, FL 34102

Title: D () Delete
Name: JOSEPH, RAGEN
Address: 58 10TH STREET NORTH
City-St-Zip: NAPLES, FL 34102

Title: SD () Delete
Name: VAN DEUSEN, RORY
Address: 58 - 10TH ST N
City-St-Zip: NAPLES, FL 34102

Title: TD () Delete
Name: RUSSELL, SHARBAUGH
Address: 58 10TH STREET NORTH
City-St-Zip: NAPLES, FL 34102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: RUSSELL SHARBAUGH

TD

02/07/2008

Electronic Signature of Signing Officer or Director

Date