

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2007 8:00 am
Secretary of State

03-15-2007 90033 010 ****61.25

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DOCUMENT # N05000002768 1. Entity Name DEFENDERS MOTORCYCLE CLUB - LEE COUNTY FLORIDA CHAPTER, INC.					
Principal Place of Business 58 - 10TH ST N NAPLES, FL 34102			Mailing Address PO BOX 101208 CAPE CORAL, FL 33910		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent GREUSEL, JAMIE B 1104 N COLLIER BLVD MARCO ISLAND, FL 34145			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STODDARD, CHRIS		NAME		
STREET ADDRESS	PO BOX 101208		STREET ADDRESS		
CITY - ST - ZIP	CAPE CORAL, FL 33910		CITY - ST - ZIP		
TITLE	VP <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TRUDO, TROY		NAME		
STREET ADDRESS	PO BOX 101208		STREET ADDRESS		
CITY - ST - ZIP	CAPE CORAL, FL 33910		CITY - ST - ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	POTEET, KURT		NAME		
STREET ADDRESS	PO BOX 101208		STREET ADDRESS		
CITY - ST - ZIP	CAPE CORAL, FL 33910		CITY - ST - ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NADER, PAUL		NAME		
STREET ADDRESS	PO BOX 101208		STREET ADDRESS		
CITY - ST - ZIP	CAPE CORAL, FL 33910		CITY - ST - ZIP		
TITLE	S <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	AGEL, MIKE		NAME	SOZZIE, RIVERA	
STREET ADDRESS	PO BOX 101208		STREET ADDRESS	PO BOX 101208	
CITY - ST - ZIP	CAPE CORAL, FL 33910		CITY - ST - ZIP	CAPE CORAL, FL 33910	
TITLE	T <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KOWALKA, ROBERT		NAME		
STREET ADDRESS	PO BOX 101208		STREET ADDRESS		
CITY - ST - ZIP	CAPE CORAL, FL 33910		CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered					
SIGNATURE: <i>Robert Kowalka</i> ROBERT KOWALKA 3/10/07 239 997-0002 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					