

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002768

FILED  
Feb 07, 2008  
Secretary of State

**Entity Name:** DEFENDERS MOTORCYCLE CLUB - LEE COUNTY FLORIDA CHAPTER, INC.

**Current Principal Place of Business:**

58 - 10TH ST N  
NAPLES, FL 34102

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 101208  
CAPE CORAL, FL 33910

**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: P ( ) Delete  
Name: STODDARD, CHRIS  
Address: PO BOX 101208  
City-St-Zip: CAPE CORAL, FL 33910

Title: VP ( ) Delete  
Name: TRUDO, TROY  
Address: PO BOX 101208  
City-St-Zip: CAPE CORAL, FL 33910

Title: D ( ) Delete  
Name: POTEET, KURT  
Address: PO BOX 101208  
City-St-Zip: CAPE CORAL, FL 33910

Title: D ( ) Delete  
Name: NADER, PAUL  
Address: PO BOX 101208  
City-St-Zip: CAPE CORAL, FL 33910

Title: S ( ) Delete  
Name: RIVERA, OZZIE  
Address: PO BOX 101208  
City-St-Zip: CAPE CORAL, FL 33910

Title: T ( ) Delete  
Name: KOWALKA, ROBERT  
Address: PO BOX 101208  
City-St-Zip: CAPE CORAL, FL 33910

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: MALAGON, AUGIE  
Address: PO BOX 101208  
City-St-Zip: CAPE CORAL, FL 33910

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

Title: D (X) Change ( ) Addition  
Name: BROWN, ROY  
Address: PO BOX 101208  
City-St-Zip: CAPE CORAL, FL 33910

Title: D (X) Change ( ) Addition  
Name: WRIGHT, STEVE  
Address: PO BOX 101208  
City-St-Zip: CAPE CORAL, FL 33910

Title: S (X) Change ( ) Addition  
Name: COFFEE, ALVIN  
Address: PO BOX 101208  
City-St-Zip: CAPE CORAL, FL 33910

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: ROBERT KOWALKA

TRES

02/07/2008

Electronic Signature of Signing Officer or Director

Date