

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000002768

**FILED**  
**Feb 22, 2010**  
**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 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 4189  
NORTH FORT MYERS, FL 33918 US

**New Mailing Address:**

PO BOX 4189  
NORTH FORT MYERS, FL 33903 US

**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  
**Name:** MALAGON, AUGIE  
**Address:** PO BOX 4189  
**City-St-Zip:** NORTH FORT MYERS, FL 33903 US

**Title:** VP  
**Name:** VANDEUCE, RORY  
**Address:** PO BOX 4189  
**City-St-Zip:** NORTH FORT MYERS, FL 33903 US

**Title:** D  
**Name:** SMITH, ROBERT  
**Address:** PO BOX 4189  
**City-St-Zip:** NORTH FORT MYERS, FL 33903 US

**Title:** D  
**Name:** WOLF, HAROLD  
**Address:** PO BOX 4189  
**City-St-Zip:** NORTH FORT MYERS, FL 33903 US

**Title:** S  
**Name:** COFFEE, ALVIN  
**Address:** PO BOX 4189  
**City-St-Zip:** NORTH FORT MYERS, FL 33903 US

**Title:** T  
**Name:** KOWALKA, ROBERT  
**Address:** PO BOX 4189  
**City-St-Zip:** NORTH FORT MYERS, FL 33903 US

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:** ROBERT KOWALKA

T

02/22/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date