

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000004384

FILED
Mar 10, 2008
Secretary of State

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

Current Principal Place of Business:

23300 HARPER AVE
PT. CHARLOTTE, FL 339802912

New Principal Place of Business:

Current Mailing Address:

P.O. BOX #511553
PUNTA GORDA, FL 339511553

New Mailing Address:

FEI Number: 20-4727895

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GREUSEL, JAMIE B ESQ
1104 NORTH 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: ANDERSON, SCOTT
Address: P.O. BOX #511553
City-St-Zip: PUNTA GORDA, FL 339511553

Title: V () Delete
Name: CONTE, JOHN
Address: P.O. BOX #511553
City-St-Zip: PUNTA GORDA, FL 339511553

Title: S () Delete
Name: COLEMAN, DOUGLAS
Address: P.O. BOX #511553
City-St-Zip: PUNTA GORDA, FL 339511553

Title: T () Delete
Name: JANUZZI, THOMAS
Address: P.O. BOX #511553
City-St-Zip: PUNTA GORDA, FL 339511553

Title: D () Delete
Name: PRESCITI, VICTOR
Address: P.O. BOX #511553
City-St-Zip: PUNTA GORDA, FL 339511553

Title: D () Delete
Name: SMITH, WALTER
Address: P.O. BOX #511553
City-St-Zip: PUNTA GORDA, FL 339511553

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
Name:
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: THOMAS JANNUZZI

T

03/10/2008

Electronic Signature of Signing Officer or Director

Date