

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000006721

FILED
May 07, 2007
Secretary of State

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

Current Principal Place of Business:

6826 SHIMMERING DR
LAKELAND, FL 33813

New Principal Place of Business:

Current Mailing Address:

6826 SHIMMERING DR
LAKELAND, FL 33813

New Mailing Address:

FEI Number: 20-5091800 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

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

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: D () Delete
Name: KERCHER, SCOTT
Address: 6826 SHIMMERING DR
City-St-Zip: LAKELAND, FL 33813

Title: D () Delete
Name: MURPHY, CLAYTON
Address: 6826 SHIMMERING DR
City-St-Zip: LAKELAND, FL 33813

Title: D () Delete
Name: GATES, THOMAS
Address: 6826 SHIMMERING DR
City-St-Zip: LAKELAND, FL 33813

Title: D () Delete
Name: ROOK, RONALD
Address: 6826 SHIMMERING DR
City-St-Zip: LAKELAND, FL 33813

Title: T () Delete
Name: GATES, ROBERT
Address: 6826 SHIMMERING DR
City-St-Zip: LAKELAND, FL 33813

Title: S () Delete
Name: FOSTER, STEPHEN
Address: 6826 SHIMMERING DR
City-St-Zip: LAKELAND, FL 33813

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: ROBERT GATES

T

05/07/2007

Electronic Signature of Signing Officer or Director

Date