

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 19, 2007  
Secretary of State**

DOCUMENT# N06000012005

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

**Current Principal Place of Business:**

1530 LEMONWOOD RD  
ST JOHNS, FL 32259

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 600174  
JACKSONVILLE, FL 322600174

**New Mailing Address:**

FEI Number: 20-5987972      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GREUSEL, JAMIE B  
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: D ( ) Delete  
Name: WILLIAMS, GLENN C  
Address: PO BOX 600174  
City-St-Zip: JACKSONVILLE, FL 322600174

Title: D ( ) Delete  
Name: GOMMER, RANDY  
Address: PO BOX 600174  
City-St-Zip: JACKSONVILLE, FL 322600174

Title: D ( ) Delete  
Name: CUNNINGHAM, BLAKE  
Address: PO BOX 600174  
City-St-Zip: JACKSONVILLE, FL 322600174

Title: D ( ) Delete  
Name: ROBINSON, JOSEPH  
Address: PO BOX 600174  
City-St-Zip: JACKSONVILLE, FL 322600174

Title: D ( ) Delete  
Name: TILLMAN, JOHN  
Address: PO BOX 600174  
City-St-Zip: JACKSONVILLE, FL 322600174

Title: S ( ) Delete  
Name: HAYWOOD, BARION  
Address: PO BOX 600174  
City-St-Zip: JACKSONVILLE, FL 322600174

**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 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: CLOTE HEMPHILL

TREA

04/19/2007

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

\_\_\_\_\_  
Date