# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Mar 12, 2008 08:00 A**
**Secretary of State**

DOCUMENT # N06000012005

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

| Principal Place of Business | Mailing Address |
|---|---|
| 1530 LEMONWOOD RD<br>ST JOHNS, FL 32259 | PO BOX 600174<br>JACKSONVILLE, FL 32260-0174 |

DO NOT WRITE IN THIS SPACE

03052008 No Chg-NP CR2E037 (4/06)

4. FEI Number
20-5987972
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is $61.25**
**Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

| 10. | OFFICERS AND DIRECTORS |
|---|---|
| TITLE | D |
| NAME | WILLIAMS, GLENN C |
| STREET ADDRESS | PO BOX 600174 |
| CITY-ST-ZIP | JACKSONVILLE, FL 322600174 |
| TITLE | D |
| NAME | GOMMER, RANDY |
| STREET ADDRESS | PO BOX 600174 |
| CITY-ST-ZIP | JACKSONVILLE, FL 322600174 |
| TITLE | D |
| NAME | CUNNINGHAM, BLAKE |
| STREET ADDRESS | PO BOX 600174 |
| CITY-ST-ZIP | JACKSONVILLE, FL 322600174 |
| TITLE | D |
| NAME | ROBINSON, JOSEPH |
| STREET ADDRESS | PO BOX 600174 |
| CITY-ST-ZIP | JACKSONVILLE, FL 322600174 |
| TITLE | D |
| NAME | TILLMAN, JOHN |
| STREET ADDRESS | PO BOX 600174 |
| CITY-ST-ZIP | JACKSONVILLE, FL 322600174 |
| TITLE | S |
| NAME | HAYWOOD, BARION |
| STREET ADDRESS | PO BOX 600174 |
| CITY-ST-ZIP | JACKSONVILLE, FL 322600174 |

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03/27/08-90055-021 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** _____ Mar 06, 2008 904 509-3880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #