2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2009
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 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 03/23/2009

Electronic Signature of Signing Officer or Director — Date