

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012005

FILED  
Jan 24, 2012  
Secretary of State

**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:**

VAN DEUSEN, RORY R  
1315 S.E. 13TH TR  
CAPE CORAL, FL 33990 US

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

BROWN, ROY W  
12320 DAVIS COURT  
FORT MYERS, FL 33905 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: ROY W. BROWN

01/24/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: WILLIAMS, GLENN C  
Address: PO BOX 600174  
City-St-Zip: JACKSONVILLE, FL 322600174

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

Title: T  
Name: O'NEILL, JAMES T  
Address: PO BOX 600174  
City-St-Zip: JACKSONVILLE, FL 322600174

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

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

I hereby 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 all other like empowered.

SIGNATURE: JAMES T. O'NEILL

T

01/24/2012

Electronic Signature of Signing Officer or Director

Date