# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 13, 2009**
**Secretary of State**

DOCUMENT# N07000006864

**Entity Name:** DEFENDERS MOTORCYCLE CLUB - BOSTON CHAPTER, INC.

**Current Principal Place of Business:**

24 EASTERN AVE.
WAKEFIELD, MA 01880

**New Principal Place of Business:**

**Current Mailing Address:**

24 EASTERN AVE.
WAKEFIELD, MA 01880

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

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

GREUSEL, JAMIE B
1104 N. 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: MACHENRY, THOMAS
Address: 24 EASTERN AVE.
City-St-Zip: WAKEFIELD, MA 01880

Title: D ( ) Delete
Name: GEORGE, DAVID
Address: 24 EASTERN AVE.
City-St-Zip: WAKEFIELD, MA 01880

Title: D ( ) Delete
Name: GALOTTI, NICK
Address: 24 EASTERN AVE.
City-St-Zip: WAKEFIELD, MA 01880

Title: D ( ) Delete
Name: HOLMES, ANTHONY
Address: 24 EASTERN AVE.
City-St-Zip: WAKEFIELD, MA 01880

Title: D ( ) Delete
Name: MORRIS, TED
Address: 24 EASTERN AVE.
City-St-Zip: WAKEFIELD, MA 01880

**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:

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: THOMAS MACHENRY TRES 04/13/2009
Electronic Signature of Signing Officer or Director — Date