2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2009
Secretary of State

DOCUMENT# N08000009166

Entity Name: DEFENDERS MOTORCYCLE CLUB-KNOXVILLE CHAPTER, INC

Current Principal Place of Business:

6913 CLOWERS DR
KNOXVILLE, TN 37924

New Principal Place of Business:

Current Mailing Address:

6913 CLOWERS DR
KNOXVILLE, TN 37924

New Mailing Address:

FEI Number: 26-3472733 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GREUSEL, JAMIE B ESQ
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: DP ( ) Delete
Name: TURNER, BERT
Address: 6913 CLOWERS DR
City-St-Zip: KNOXVILLE, TN 37924

Title: DV ( ) Delete
Name: KOELZER, JACE
Address: 6913 CLOWERS DR
City-St-Zip: KNOXVILLE, TN 37924

Title: D ( ) Delete
Name: HALL, LYNN
Address: 6913 CLOWERS DR
City-St-Zip: KNOXVILLE, TN 37924

Title: D ( ) Delete
Name: LAWSON, DEWAYNE
Address: 6913 CLOWERS DR
City-St-Zip: KNOXVILLE, TN 37924

Title: D ( ) Delete
Name: JOHNSON, TIM
Address: 6913 CLOWERS DR
City-St-Zip: KNOXVILLE, TN 37924

Title: DT ( ) Delete
Name: CAMPBELL, RAYMOND
Address: 6913 CLOWERS DR
City-St-Zip: KNOXVILLE, TN 37924

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: RAYMOND CAMPBELL DT 03/28/2009
Electronic Signature of Signing Officer or Director — Date