

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000006134

FILED  
Apr 24, 2012  
Secretary of State

**Entity Name:** DEFENDERS MOTORCYCLE CLUB - 1ST OHIO CHAPTER, INC.

**Current Principal Place of Business:**

4820 TWP ROAD 211  
MARENGO, OH 43334

**New Principal Place of Business:**

**Current Mailing Address:**

4820 TWP ROAD 211  
MARENGO, OH 43334

**New Mailing Address:**

**FEI Number:** 27-0874687

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BROWN, ROY W  
12320 DAVIS COURT  
FT MYERS, FL 33905 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  
Name: STOUT, KEITH  
Address: 4820 TWP ROAD 211  
City-St-Zip: MARENGO, OH 43334

Title: DV  
Name: OTTERBACHER, ISRAEL J  
Address: 4820 TWP ROAD 211  
City-St-Zip: MARENGO, OH 43334

Title: DS  
Name: STOUT, DENNIS R  
Address: 4820 TWP ROAD 211  
City-St-Zip: MARENGO, OH 43334

Title: DT  
Name: TOLER, ROY JR.  
Address: 4820 TWP ROAD 211  
City-St-Zip: MARENGO, OH 43334

Title: DC  
Name: CHASSE, LYLE  
Address: 4820 TWP ROAD 211  
City-St-Zip: MARENGO, OH 43334

Title: D  
Name: GOAD, SHAYNE J  
Address: 4820 TWP ROAD 211  
City-St-Zip: MARENGO, OH 43334

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: ROY TOLER JR.

DT

04/24/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date