

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012005

Entity Name: DEFENDERS MOTORCYCLE CLUB - JACKSONVILLE FLORIDA
CHAPTER, INC.**FILED**
Jan 13, 2021
Secretary of State
0131540262CC**Current Principal Place of Business:**12768 CARIBOU CT
JACKSONVILLE, FL 32246**Current Mailing Address:**PO BOX 600174
JACKSONVILLE, FL 32260-0174**FEI Number: 20-5987972****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**BROWN, ROY W
15901 SOUTH WEST 254 ST.
HOMESTEAD, FL 33031 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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	TREASURER
Name	KLINE, TROY
Address	PO BOX 600174
City-State-Zip:	JACKSONVILLE FL 32260-0174

Title	PRESIDENT
Name	PFISTER, GERARD W
Address	PO BOX 600174
City-State-Zip:	JACKSONVILLE FL 32260-0174

Title	MAJOR
Name	DOUGLAS, JAMES
Address	PO BOX 600174
City-State-Zip:	JACKSONVILLE FL 32260-0174

Title	VP
Name	RODRIGUEZ, CESAR
Address	PO BOX 600174
City-State-Zip:	JACKSONVILLE FL 32260-0174

Title	COMMANDER
Name	SEITER, SCOTT
Address	PO BOX 600174
City-State-Zip:	JACKSONVILLE FL 32260

Title	LIEUTENANT AT ARMS
Name	TILLMAN, JOHN
Address	PO BOX 600174
City-State-Zip:	JACKSONVILLE FL 32260-0174

Title	SECRETARY
Name	BAIN, TOMMY
Address	PO BOX 600174
City-State-Zip:	JACKSONVILLE FL 32260-0174

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: TROY KLINE**TREASURER****01/13/2021**

Electronic Signature of Signing Officer/Director Detail

Date