

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012005

Entity Name: DEFENDERS MOTORCYCLE CLUB - JACKSONVILLE FLORIDA
CHAPTER, INC.**FILED**
Mar 22, 2016
Secretary of State
CC7782936775**Current Principal Place of Business:**1530 LEMONWOOD RD
ST JOHNS, FL 32259**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
6434 HAUGHTON LANE
ORLANDO, FL 32835 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	D
Name	WILLIAMS, GLENN C
Address	PO BOX 600174
City-State-Zip:	JACKSONVILLE FL 32260-0174

Title	D
Name	O'NEILL, JAMES T.
Address	PO BOX 600174
City-State-Zip:	JACKSONVILLE FL 32260-0174

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

Title	D
Name	WHITE, VIRGIL
Address	PO BOX 600174
City-State-Zip:	JACKSONVILLE FL 32260-0174

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

Title	DIRECTOR
Name	PFISTER, GERRARD
Address	PO BOX 600174
City-State-Zip:	JACKSONVILLE FL 32260-0174

Title	DIRECTOR
Name	RODRIGUEZ, CESAR
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: JOHN E. TILLMAN**DIRECTOR/TREASURER 03/22/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date