

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000002733

Entity Name: DEFENDERS MOTORCYCLE CLUB - TWIN PIKE CHAPTER, INC.**Current Principal Place of Business:**10475 PIKE 9137
LOUISIANA, MO 63353**Current Mailing Address:**10475 PIKE 9137
LOUISIANA, MO 63353 US**FEI Number:** 45-3910255**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	PRESIDENT
Name	BLAYLOCK, JODY B
Address	10475 PIKE 9137
City-State-Zip:	LOUISIANA MO 63353

Title	VP
Name	VANHOOSER, DANIEL G
Address	10475 PIKE 9137
City-State-Zip:	LOUISIANA MO 63353

Title	SECRETARY
Name	SMITH, DUSTIN
Address	10475 PIKE 9137
City-State-Zip:	LOUISIANA MO 63353

Title	COMMANDER
Name	CHARLTON, MATTHEW
Address	10475 PIKE 9137
City-State-Zip:	LOUISIANA MO 63353

Title	TREASURER
Name	MITTAG, DAVID
Address	10475 PIKE 9137
City-State-Zip:	LOUISIANA MO 63353

Title	MAJOR
Name	GERDEMAN, LARRY A
Address	10475 PIKE 9137
City-State-Zip:	LOUISIANA MO 63353

Title	LT. AT ARMS
Name	LANGLEY , JOSHUA
Address	9050 HIGHWAY 79
City-State-Zip:	LOUISIANA MO 63353

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: JODY BO BLAYLOCK

PRESIDENT

01/14/2017

Electronic Signature of Signing Officer/Director Detail_____
Date