

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000002737

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

**FILED**  
**Feb 08, 2020**  
**Secretary of State**  
**2455066066CC**

**Current Principal Place of Business:**

5727 SHELTON DRIVE  
BALL, LA 71405

**Current Mailing Address:**

5727 SHELTON DRIVE  
BALL, LA 71405 US

**FEI Number: 36-4729817**

**Certificate of Status Desired: No**

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

BROWN, ROY W  
15901 SW 254TH STREET  
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 D/P  
Name STEPHAN, MIKE  
Address PO BOX 97  
City-State-Zip: DRY PRONG LA 71423

Title D/VP  
Name MURPHY, JEREMY  
Address 5445 PROVINE PLACE  
APT. 416  
City-State-Zip: ALEXANDRIA LA 71303

Title D/S  
Name DELRIE, DARREN  
Address 898 PALMER CHAPEL ROAD  
City-State-Zip: PINEVILLE LA 71360

Title D/T  
Name LEJEUNE, MATHEW K  
Address 5727 SHELTON DRIVE  
City-State-Zip: BALL LA 71405

Title D/C  
Name HASSION, PAT  
Address 1033 BALBOA POINT  
City-State-Zip: BOYCE LA 71409

Title D/L@A  
Name BATTS, CLYDE K  
Address 5727 SHELTON DRIVE  
City-State-Zip: BALL LA 71405

Title D/M  
Name NUTT, DANIEL  
Address 5727 SHELTON DRIVE  
City-State-Zip: BALL LA 71405

*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: MATHEW K LEJEUNE**

**CHAPTER TREASURER**

**02/08/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date