

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

DOCUMENT# N14000003942

**Entity Name:** VETERAN ENFORCERS MOTORCYCLE ASSOCIATION-CLAY COUNTY INC.

**FILED**  
**Mar 30, 2020**  
**Secretary of State**  
**8104989759CC**

**Current Principal Place of Business:**

225 COLLEGE DR  
#65112  
ORANGE PARK, FL 32065

**Current Mailing Address:**

3360 BROOKSIDE CT  
MIDDLEBURG, FL 32068 US

**FEI Number: 47-0986041**

**Certificate of Status Desired: No**

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

MAXTON, LARRY G  
3360 BROOKSIDE CT  
MIDDLEBURG, FL 32068 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: LARRY MAXTON**

**03/30/2020**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name BROTHERTON, JEFF L  
Address P.O. BOX #65112  
City-State-Zip: ORANGE PARK FL 32065

Title VP  
Name SMITH, WALTER L  
Address P.O. BOX #65112  
City-State-Zip: ORANGE PARK FL 32065

Title CEO  
Name PACHECO, VICTOR M  
Address P.O. BOX #65112  
City-State-Zip: ORANGE PARK FL 32065

Title SECR  
Name LETOURNEAU, CHASE R  
Address P.O. BOX #65112  
City-State-Zip: ORANGE PARK FL 32065

Title CFO  
Name MAXTON, LARRY  
Address P.O. BOX #65112  
City-State-Zip: ORANGE PARK FL 32065

*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: LARRY MAXTON**

**CFO**

**03/30/2020**

Electronic Signature of Signing Officer/Director Detail

Date