

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000002804

**FILED**  
**Jan 09, 2017**  
**Secretary of State**  
**CC8511769326**

**Entity Name:** DEFENDERS MOTORCYCLE CLUB - MASON DIXON CHAPTER, INC.

**Current Principal Place of Business:**

111 SHADOW LANE  
MARTINSBURG, WV 25403

**Current Mailing Address:**

111 SHADOW LANE  
MARTINSBURG, WV 25403 US

**FEI Number: NOT APPLICABLE**

**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 PD  
Name LEENEY, SCOTT  
Address 19918 THORNGROVE COURT  
City-State-Zip: HAGERSTOWN MD 21742

Title VPD  
Name MOLINEAUX, JON  
Address 19918 THORNGROVE COURT  
City-State-Zip: HAGERSTOWN MD 21742

Title TD  
Name MONICA, GREGORY  
Address 19918 THORNGROVE COURT  
City-State-Zip: HAGERSTOWN MD 21742

Title D  
Name CREEK, ALLEN  
Address 19918 THORNGROVE COURT  
City-State-Zip: HAGERSTOWN MD 21742

Title TREASURER  
Name YOUNG, MICHAEL CHRISTOPHER  
Address 111 SHADOW LANE  
City-State-Zip: MARTINSBURG WV 25403

*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: MICHAEL C. YOUNG**

**TREASURER**

**01/09/2017**

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

\_\_\_\_\_  
Date