

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000009275

**Entity Name:** DEFENDERS MOTORCYCLE CLUB - G VEGAS CHAPTER, INC.

**FILED**  
**Feb 29, 2024**  
**Secretary of State**  
**1301275706CC**

**Current Principal Place of Business:**

685 PLAINVIEW HEIGHTS CIRCLE  
GREENEVILLE, TN 37745

**Current Mailing Address:**

685 PLAINVIEW HEIGHTS CIRCLE  
GREENEVILLE, TN 37745 US

**FEI Number: 47-4300329**

**Certificate of Status Desired: No**

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

KOVAC, MICHAEL  
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: MICHAEL KOVAC**

**02/29/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            LUNSFORD, FRANK  
Address        685 PLAINVIEW HEIGHTS CIRCLE  
City-State-Zip: GREENEVILLE TN 37745

Title            VP  
Name            DUNCAN, JEFF  
Address        685 PLAINVIEW HEIGHTS CIRCLE  
City-State-Zip: GREENEVILLE TN 37745

Title            LT. @ ARNS  
Name            JONES, JEDIDIAH  
Address        685 PLAINVIEW HEIGHTS CIRCLE  
City-State-Zip: GREENEVILLE TN 37745

Title            COMMANDER  
Name            FUNK, CHRIS  
Address        685 PLAINVIEW HEIGHTS CIRCLE  
City-State-Zip: GREENEVILLE TN 37745

Title            SECRETARY  
Name            PARTON, RICKY  
Address        685 PLAINVIEW HEIGHTS CIRCLE  
City-State-Zip: GREENEVILLE TN 37745

Title            TREASURER  
Name            JONES, JEFFREY KEITH  
Address        685 PLAINVIEW HEIGHTS CIRCLE  
City-State-Zip: GREENEVILLE TN 37745

*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: JEFFREY JONES**

**TREASURER**

**02/29/2024**

Electronic Signature of Signing Officer/Director Detail

Date