

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 12, 2007 8:00 am
Secretary of State

06-12-2007 90110 012 ****61.25

DOCUMENT # N05000011198

1. Entity Name
BAY COUNTY VETERANS COUNCIL, INC.



Principal Place of Business
**% GORDON MERKEL
 918 PLANTATION DR
 PANAMA CITY, FL 32404**

Mailing Address
**% GORDON MERKEL
 918 PLANTATION DR
 PANAMA CITY, FL 32404**



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

06082007 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number
20-3228333

Applied For
 Not Applicable

City & State

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MERKEL, GORDON 918 PLANTATION DRIVE PANAMA CITY, FL 32404		Name Street Address (P.O. Box Number is Not Acceptable) City	
		FL Zip Code	

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	THOMPSON, BOB			NAME			
STREET ADDRESS	715 MAXWELL CT			STREET ADDRESS			
CITY-ST-ZIP	PANAMA CITY, FL 32404			CITY-ST-ZIP			
TITLE	VP	<input checked="" type="checkbox"/> Delete		TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SEWELL, BILLY			NAME	Bogart, Maria		
STREET ADDRESS	5006 CHERRY ST			STREET ADDRESS	1020 Harvard Av		
CITY-ST-ZIP	PANAMA CITY, FL 32404			CITY-ST-ZIP	PanamaCity, FL 32405		
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MERKEL, GORDON			NAME			
STREET ADDRESS	918 PLANTATION DRIVE			STREET ADDRESS			
CITY-ST-ZIP	PANAMA CITY, FL 32404			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HAMMOND, RALPH			NAME			
STREET ADDRESS	922 BOB LITTLE ROAD			STREET ADDRESS			
CITY-ST-ZIP	PANAMA CITY, FL 32404			CITY-ST-ZIP			
TITLE	SAA	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STEINZOR, NORM			NAME			
STREET ADDRESS	117 ARLINGTON DRIVE			STREET ADDRESS			
CITY-ST-ZIP	PANAMA CITY, FL 32404			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Gordon Merkel* **Gordon Merkel** **June 8, 07 (850) 871-6349**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #