

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000011198

**FILED**  
**Feb 17, 2014**  
**Secretary of State**  
**CC1124833020**

**Entity Name:** BAY COUNTY VETERANS COUNCIL, INC.

**Current Principal Place of Business:**

DARRELL P. HERTZ  
10200 RESOTA BEACH RD  
PANAMA CITY, FL 32409

**Current Mailing Address:**

DARRELL P. HERTZ  
10200 RESOTA BEACH RD  
PANAMA CITY, FL 32409 US

**FEI Number:** 20-3228333

**Certificate of Status Desired:** No

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

HERTZ, DARRELL P  
10200 RESOTA BEACH RD  
PANAMA CITY, FL 32409 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            PRES  
Name            LACEY, JAY  
Address        2104 GERALO LN  
City-State-Zip: LYNN HAVEN FL 32444

Title            VP  
Name            STEINZOR, NORMAN  
Address        117 ARLINGTON DR  
City-State-Zip: PANAMA CITY FL 32404

Title            TREA  
Name            HERTZ, DARRELL  
Address        10200 RESOTA BEACH RD  
City-State-Zip: PANAMA CITY FL 32409

Title            SAA  
Name            WATFORD, ROBERT  
Address        216 HUGH THOMAS DR  
City-State-Zip: CALLAWAY FL 32404

Title            SECRETARY  
Name            BANNISTER, JENNIFER  
Address        9201 INDIAN BLUFF RD  
City-State-Zip: YOUNGSTOWN FL 32466

*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:** DARRELL P HERTZ

**TREASURER**

**02/17/2014**

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

\_\_\_\_\_  
Date