

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

DOCUMENT# N09000003086

**FILED**  
**Jan 09, 2017**  
**Secretary of State**  
**CC3515260940**

**Entity Name:** OKALOOSA WALTON OFFICIALS ASSOCIATION, INC.

**Current Principal Place of Business:**

6001 APPALOOSA WAY  
CRESTVIEW, FL 32536

**Current Mailing Address:**

P.O. BOX 1639  
CRESTVIEW, FL 32536 US

**FEI Number: 59-3101444**

**Certificate of Status Desired: No**

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

WATSON, DARNELL SR.  
6001 APPALOOSA WAY  
CRESTVIEW, FL 32536 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 P  
Name GLIDEWELL, DANIEL  
Address 462 GILL ROAD  
City-State-Zip: DEFUNIAK SPRINGS FL 32433

Title V  
Name MOSER, BRIAN  
Address 2402 CUMBERLAND WAY  
City-State-Zip: CRESTVIEW FL 32536

Title S  
Name GLIDEWELL, KAYLA  
Address 462 GILL ROAD  
City-State-Zip: DEFUNIAK SPRINGS FL 32433

Title D  
Name HOWELL, WILLIE  
Address 4384 BIXBY CIRCLE  
City-State-Zip: PENSACOLA FL 32514

Title D  
Name DUBE, ALFRED  
Address 625 POWELL DRIVE NE  
City-State-Zip: FORT WALTON BEACH FL 32547

*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: DANIEL GLIDEWELL**

**PRESIDENT**

**01/09/2017**

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

\_\_\_\_\_  
Date