

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000003086

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

OWNER

04/14/2016

Electronic Signature of Signing Officer/Director Detail

Date