2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 743579

Entity Name: NORTHWEST FLORIDA MILITARY OFFICERS ASSOCIATION,

INC.

Current Principal Place of Business:

15 PEBBLE BEACH DRIVE SHALIMAR, FL 32579

Current Mailing Address:

POB 310

FORT WALTON BEACH, FL 32549-0310

FEI Number: 23-7434498 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WESTFALL, FREDERICK W 15 PEBBLE BEACH DRIVE SHALIMAR, FL 32579 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: FREDERICK W. WESTFALL

01/06/2017

FILED Jan 06, 2017

Secretary of State

CC2799876314

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title **PRESIDENT** Title **TREASURER**

Name BERRY, SCOTT W Name COLTON, GEORGE

Address 1635 PARKSIDE CIR Address 21 PEBBLE BEACH DRIVE City-State-Zip: NICEVILLE FL 32578 City-State-Zip: SHALIMAR FL 32579-1623

Title **DIRECTOR** Title **SECRETARY** ZEPP, KEN S Name WESTFALL, FREDERICK W Name

Address 15 PEBBLE BEACH DRIVE Address 1190 MURFIELD WAY

City-State-Zip: NICEVILLE FL 32578 City-State-Zip: SHALIMAR FL 32579-1623

Title VP, MEMBERSHIP Title DIRECTOR Name PRATER, RICHARD H Name ALLEN, ROBERT J Address 54 HILLCREST DR 108 LINDLEY RD Address

City-State-Zip: SHALIMAR FL 32579-1010 City-State-Zip: CRESTVIEW FL 32536-9500

DIRECTOR Title Title **DIRECTOR**

Name MAROTTA, NICHOLAS G BROWN, DANIEL F Name Address 625 SPENCER DRIVE Address **60 LAKE LORRAINE CIRCLE**

FORT WALTON BEACH FL 32547 City-State-Zip: SHALIMAR FL 32579 City-State-Zip:

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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: FREDERICK W. WESTFALL

SECRETARY

01/06/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title DIRECTOR

Name PARISOT, DAVID A

Address 56 11TH ST

City-State-Zip: SHALIMAR FL 32579-1540