

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2003 8:00 am
Secretary of State

02-13-2003 90258 011 ****61.25

DOCUMENT # N07830

1. Entity Name

**THE OKALOOSA COUNTY EDUCATION ASSOCIATION (OCEA)
HOLDING CORPORATION, INC.**



Principal Place of Business

**348 HIGHWAY 190
VALPARAISO FL 32580**

Mailing Address

**348 HIGHWAY 190
VALPARAISO FL 32580**

2. Principal Place of Business

348 Valparaiso Pkwy
Suite, Apt. #, etc.

3. Mailing Address

348 Valparaiso Pkwy
Suite, Apt. #, etc.

City & State

Valparaiso FL

City & State

Valparaiso FL

Zip

32580

Country

Okaloosa

Zip

32580

Country

Okaloosa

4. FEI Number **59-2521687**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**FOXWORTHY, MICHAEL
348 HIGHWAY 190
VALPARAISO FL 32580**

7. Name and Address of New Registered Agent

Name **MEGIEL-ROLLO, DENISE**

Street Address (P.O. Box Number is Not Acceptable)

348 Valparaiso Pkwy

City

Valparaiso

FL

Zip Code

32580

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

Denise Megiel-Rollo
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/31/03

FILE NOW: FEE IS \$61.25

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	FOXWORTHY, MICHAEL	
STREET ADDRESS	348 HIGHWAY 190	
CITY-ST-ZIP	VALPARAISO FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	HAASS, JOHN	
STREET ADDRESS	487 ROBERT AVENUE	
CITY-ST-ZIP	NICEVILLE FL 32578	
TITLE	VD	<input type="checkbox"/> Delete
NAME	OLSEN, SHEILA	
STREET ADDRESS	731 NW RODNEY AVE	
CITY-ST-ZIP	FORT WALTON BEACH FL 32547	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Megiel-Rollo, Denise		
STREET ADDRESS	348 Valparaiso Pkwy.		
CITY-ST-ZIP	Valparaiso, FL 32580	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *John Haass*

850-897-2281

CR2E037 (10/02)