

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N07830

**FILED**  
**Oct 11, 2005**  
**Secretary of State**

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

**Current Principal Place of Business:**

348 VALPORAISO PKWY  
VALPARAISO, FL 32580

**New Principal Place of Business:**

348 VALPARAISO PKWY  
VALPARAISO, FL 32580

**Current Mailing Address:**

348 VALPORAISO PKWY  
VALPARAISO, FL 32580

**New Mailing Address:**

348 VALPARAISO PKWY  
VALPARAISO, FL 32580

**FEI Number:** 59-2521687

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MEGIEL-ROLLO, DENISE  
348 VALPORAISO PKWY  
VALPARAISO, FL 32580 US

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

OLSEN, SHEILA  
348 VALPARAISO PKWY  
VALPARAISO, FL 32580 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: SHEILA OLSEN

10/11/2005

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MEGIEL-ROLLO, DENISE  
Address: 348 VALPORAISO PKWY.  
City-St-Zip: VALPARAISO, FL 32580

Title: STD ( ) Delete  
Name: HAASS, JOHN,  
Address: 487 ROBERT AVENUE  
City-St-Zip: NICEVILLE, FL 32578

Title: VD ( ) Delete  
Name: OLSEN, SHEILA  
Address: 731 NW RODNEY AVE  
City-St-Zip: FORT WALTON BEACH, FL 32547

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: OLSEN, SHEILA  
Address: 348 VALPARAISO PKWY.  
City-St-Zip: VALPARAISO, FL 32580

Title: STD (X) Change ( ) Addition  
Name: HANSFORD, CAROL  
Address: P. O. BOX 5  
City-St-Zip: VALPARAISO, FL 32580

Title: VD (X) Change ( ) Addition  
Name: PETERSON, CAROLE  
Address: 345 PANAMA AVE  
City-St-Zip: CRESTVIEW, FL 32536

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: SHEILA OLSEN

RA

10/11/2005

Electronic Signature of Signing Officer or Director

Date