
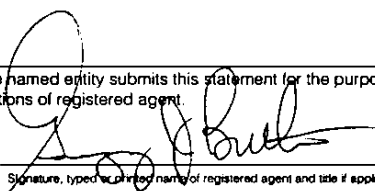
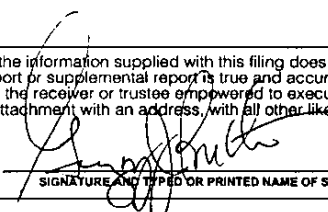


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 14, 2008 8:00 am
Secretary of State

01-14-2008 90097 024 ****61.25

DOCUMENT # N07830 1. Entity Name THE OKALOOSA COUNTY EDUCATION ASSOCIATION (OCEA) HOLDING CORPORATION, INC.					
Principal Place of Business 348 VALPARAISO PKWY VALPARAISO, FL 32580			Mailing Address 348 VALPARAISO PKWY VALPARAISO, FL 32580		
2. Principal Place of Business - No P.O. Box # 348 Valparaiso Pkwy Suite, Apt. #, etc.		3. Mailing Address 348 Valparaiso Pkwy Suite, Apt. #, etc.			
City & State Valparaiso, FL		City & State Valparaiso, FL		4. FEI Number 59-2521687	
Zip 32580		Country United States		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent OLSEN, SHEILA 348 VALPARAISO PKWY VALPARAISO, FL 32580				7. Name and Address of New Registered Agent Name Gregory J. Butler 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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 40%; text-align: right;"> 1/10/08 <small>DATE</small> </div> </div>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD OLSEN, SHEILA 348 VALPARAISO PKWY. VALPARAISO, FL 32580	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Gregory J. Butler 348 Valparaiso Pkwy Valparaiso, FL 32580	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD HANSFORD, CAROL P. O. BOX 5 VALPARAISO, FL 32580	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP Sheila Olsen 348 Valparaiso Pkwy. Valparaiso, FL 32580	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD PETERSON, CAROLE 345 PANAMA AVE CRESTVIEW, FL 32536	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Treasurer Carmen Marshall-Claude 4231 Marysa Dr. Niceville, FL 32578	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE 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 exemptions contained in Chapter 119, 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:  Gregory J. Butler 1/10/08 850-678-5940 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					