


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 15, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N04000001806</b>	
--------------------------------	---

1. Entity Name  
OAK TREE FOUNDATION, INC.

Principal Place of Business 2201 TRESCOTT DR TALLAHASSEE, FL 32308	Mailing Address 2201 TRESCOTT DR TALLAHASSEE, FL 32308
--	--



02282008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-0805791	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

MCCONNAUGHAY, ELAINE H  
2201 TRESCOTT DR  
TALLAHASSEE, FL 32308

**DO NOT WRITE  
IN THIS SPACE**

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: Elaine H. McConnaughay  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCONNAUGHAY, ELAINE H 2201 TRESCOTT DR TALLAHASSEE, FL 32308
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCONNAUGHAY, JAMES N 2201 TRESCOTT DR TALLAHASSEE, FL 32308
--	---

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HENRY, JANA 2806 WALTER SCOTT TALLAHASSEE, FL
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADAMS, MELINDA 4710 MELROSE AVE TAMPA, FL
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCONNAUGHAY, ALLEN 1424 MITCHELL AVE TALLAHASSEE, FL
--	--

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
--	--

U00000898963  
04/28/08-80019-018 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:**

Elaine H. McConnaughay  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/08 850-386-2077  
Date Daytime Phone #