2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2009
Secretary of State

DOCUMENT# N04000001806

Entity Name: OAK TREE FOUNDATION, INC.

Current Principal Place of Business:

2201 TRESCOTT DR
TALLAHASSEE, FL 32308

New Principal Place of Business:

Current Mailing Address:

2201 TRESCOTT DR
TALLAHASSEE, FL 32308

New Mailing Address:

FEI Number: 20-0805791 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MCCONNAUGHHAY, ELAINE H
2201 TRESCOTT DR
TALLAHASSEE, FL 32308 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	MCCONNAUGHHAY, ELAINE H	
Address:	2201 TRESCOTT DR	
City-St-Zip:	TALLAHASSEE, FL 32308	
Title:	D	( ) Delete
Name:	MCCONNAUGHHAY, JAMES N	
Address:	2201 TRESCOTT DR	
City-St-Zip:	TALLAHASSEE, FL 32308	
Title:	D	( ) Delete
Name:	HENRY, JANA	
Address:	2806 WALTER SCOTT	
City-St-Zip:	TALLAHASSEE, FL	
Title:	D	( ) Delete
Name:	ADAMS, MELINDA	
Address:	4710 MELROSE AVE	
City-St-Zip:	TAMPA, FL	
Title:	D	( ) Delete
Name:	MCCONNAUGHHAY, ALLEN	
Address:	1424 MITCHELL AVE	
City-St-Zip:	TALLAHASSEE, FL	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: ELAINE H. MCCONNAUGHHAY D 04/17/2009

Electronic Signature of Signing Officer or Director — Date