

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000004263

FILED
Mar 11, 2009
Secretary of State

Entity Name: SPLIT OAK ENTERPRISES CORPORATION

Current Principal Place of Business:

127 ARROWHEAD POINT ROAD
HAWTHORNE, FL 32640

New Principal Place of Business:

Current Mailing Address:

127 ARROWHEAD POINT ROAD
HAWTHORNE, FL 32640

New Mailing Address:

FEI Number: 26-2213339

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPNAY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

GORNT0, CHARLENE D D
127 ARROWHEAD POINT ROAD
HAWTHORNE, FL 32640 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: CHARLENE D. GORNT0

03/11/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Change (X) Addition
Name: GORNT0, CHARLENE D D
Address: 127 ARROWHEAD POINT ROAD
City-St-Zip: HAWTHORNE, FL 32640 US

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: CHARLENE D. GORNT0

D

03/11/2009

Electronic Signature of Signing Officer or Director

Date