

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000002675

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** MOUNTAIN STATE UNIVERSITY, INC.

**Current Principal Place of Business:**

609 SOUTH KANAWHA STREET  
BECKLEY, WV 25801

**New Principal Place of Business:**

410 NEVILLE STREET  
BECKLEY, WV 25801

**Current Mailing Address:**

PO BOX 9003  
BECKLEY, WV 258029003

**New Mailing Address:**

410 NEVILLE STREET  
BECKLEY, WV 25801

**FEI Number:** 55-0370128

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WHITE, RANDALL M  
151 S WYMORE RD STE 200  
ALTAMONTE SPRINGS, FL 32714 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: P  
Name: SOURS, RICHARD E DR.  
Address: 410 NEVILLE STREET  
City-St-Zip: BECKLEY, WV 25801

Title: S  
Name: ALEXANDER, CYNTHIA D  
Address: 410 NEVILLE STREET  
City-St-Zip: BECKLEY, WV 25801

Title: T  
Name: SARRETT, MICHELE D  
Address: 410 NEVILLE STREET  
City-St-Zip: BECKLEY, WV 25801

Title: VC  
Name: ICE, JERRY T DR.  
Address: 410 NEVILLE STREET  
City-St-Zip: BECKLEY, WV 25801

Title: CE  
Name: BEARD, MAX  
Address: 410 NEVILLE STREET  
City-St-Zip: BECKLEY, WV 25801

I hereby 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 all other like empowered.

SIGNATURE: MICHELE D. SARRETT

CFO

04/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date