

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2005 8:00 am
Secretary of State

02-22-2005 90018 050 ****61.25

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DOCUMENT # F02000002441 1. Entity Name WEST LIBERTY STATE COLLEGE FOUNDATION, INCORPORATED					
Principal Place of Business PO BOX 295, SHAW HALL OFFICE OF DEVELOPMENT WEST LIBERTY, WV 26074			Mailing Address PO BOX 295, SHAW HALL OFFICE OF DEVELOPMENT WEST LIBERTY, WV 26074		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WEST, GARY E 125 GULF SHORE BLVD N NAPLES, FL 34102				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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	C <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KOTA, BOB		NAME		
STREET ADDRESS	52160 NATIONAL ROAD EAST		STREET ADDRESS		
CITY-ST-ZIP	ST. CLAIRSVILLE, OH 43950		CITY-ST-ZIP		
TITLE	V <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CAMPBELL, CLYDE		NAME		
STREET ADDRESS	199 CLEARVIEW AVE		STREET ADDRESS		
CITY-ST-ZIP	WHEELING, WV 26003		CITY-ST-ZIP		
TITLE	S <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHACKELFORD, HOWARD		NAME		
STREET ADDRESS	10 BACHMANN DRIVE		STREET ADDRESS		
CITY-ST-ZIP	WHEELING, WV 26003		CITY-ST-ZIP		
TITLE	T <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FARNSWORTH, CARLYLE D		NAME		
STREET ADDRESS	50 FOREST HILLS		STREET ADDRESS		
CITY-ST-ZIP	WHEELING, WV 26003		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARONE, NIKKI		NAME		
STREET ADDRESS	106 WOODSHIRE PLACE		STREET ADDRESS		
CITY-ST-ZIP	CHARLESTON, WV. 253141632		CITY-ST-ZIP		
TITLE	D <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOYLE, R. EMMETT		NAME		
STREET ADDRESS	1233 MAIN STREET, SUITE 4000		STREET ADDRESS		
CITY-ST-ZIP	WHEELING, WV 26003		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u>Robert C. Kota, Chairman (ROBERT C. KOTA)</u> <u>1/28/05 (740) 695-7688</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					