

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2007 08:00 A**  
**Secretary of State**

**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  
CAMPUS SVC CENTER # 122  
WEST LIBERTY, WV 26074



01162007 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

55-0480299

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

WEST, GARY E  
125 GULFSHORE BLVD N  
NAPLES, FL 34102

**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

(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, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D  
NAME KOTA, BOB  
STREET ADDRESS 52160 NATIONAL ROAD EAST  
CITY-ST-ZIP ST. CLAIRSVILLE, OH 43950

TITLE C  
NAME CAMPBELL, CLYDE  
STREET ADDRESS 199 CLEARVIEW AVE  
CITY-ST-ZIP WHEELING, WV 26003

TITLE S  
NAME SHACKELFORD, HOWARD  
STREET ADDRESS 10 BACHMANN DRIVE  
CITY-ST-ZIP WHEELING, WV 26003

TITLE T  
NAME FARNSWORTH, CARLYLE D  
STREET ADDRESS 50 FOREST HILLS  
CITY-ST-ZIP WHEELING, WV 26003

TITLE D  
NAME BARONE, NIKKI  
STREET ADDRESS 106 WOODSHIRE PLACE  
CITY-ST-ZIP CHARLESTON, WV 253141632

TITLE D  
NAME BOYLE, R. EMMETT  
STREET ADDRESS 1233 MAIN STREET, SUITE 4000  
CITY-ST-ZIP WHEELING, WV 26003

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IN THIS SPACE**

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05/01/07-80013-011 61.25

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:**

*Clyde D. Campbell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Clyde D. Campbell, Chair*