

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 24, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # F03000001025

1. Entity Name

THE FUND FOR THE WEST CHESTER UNIVERSITY, INC.



Principal Place of Business

102 FILANO HALL, WEST CHESTER UNIVERSITY  
WEST CHESTER, PA 19383

Mailing Address

102 FILANO HALL, WEST CHESTER UNIVERSITY  
WEST CHESTER, PA 19383



02022004 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

23-3054174

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

CONTE, LAWRENCE  
7910 SW 141ST AVENUE  
MIAMI, FL 33183

**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, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

U00000064395  
02/24/04-80011-007 61.25

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	FRANKLIN, CHRISTOPHER
STREET ADDRESS	762 LANCASTER AVENUE
CITY-ST-ZIP	BRYN MAWR, PA 190103489
TITLE	V
NAME	MACKLER-CARLINO, GAIL
STREET ADDRESS	PO BOX 357
CITY-ST-ZIP	LINWOOD, NJ 08221
TITLE	T
NAME	MCILVAIN, DONALD R
STREET ADDRESS	11 ALISON DRIVE
CITY-ST-ZIP	CHERRY HILL, NJ 08034
TITLE	S
NAME	LEMOLE, EMILY JANE
STREET ADDRESS	404 TOMLINSON ROAD
CITY-ST-ZIP	HUNTINGDON VALLEY, PA 19006
TITLE	D
NAME	PRZYWARA, RICHARD T
STREET ADDRESS	102 FILANO HALL, WEST CHESTER UNIVERSITY
CITY-ST-ZIP	WEST CHESTER, PA 19383
TITLE	P
NAME	WING ADLER, MADELEINE
STREET ADDRESS	PHILIPS MEMORIAL BLDG. 1ST FLOOR
CITY-ST-ZIP	WEST CHESTER, PA 19383

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/04

Date

610-436-2868

Daytime Phone #