


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 05, 2005 8:00 am**  
**Secretary of State**

07-05-2005 90120 011 \*\*\*\*61.25

<b>DOCUMENT # F03000001613</b> 1. Entity Name <b>THE COMMUNITY FOUNDATION OF WESTERN NORTH CAROLINA, INC.</b>					
Principal Place of Business <b>1 WEST PACK SQUARE # 1600 ASHEVILLE, NC 28802</b>			Mailing Address <b>P.O. BOX 1888 ASHEVILLE, NC 28802</b>		
2. Principal Place of Business  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>56-1223384</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>			7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VC</b> <b>WINKENWERDER, JOHN G</b> <b>6 CEDAR HILL DR</b> <b>ASHEVILLE, NC 28803</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>OWEN, ELEANOR</b> <b>31 BUSBEE ROAD</b> <b>ASHEVILLE, NC 28803</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>NICHOLS, ISABEL H</b> <b>1701 GREENVILLE HIGHWAY</b> <b>BREVARD, NC 28712</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>WILLIAM, LEWIN N</b> <b>260 MIDLAND DR</b> <b>ASHEVILLE, NC 28804</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BEGLEY, WM. MICHAEL</b> <b>14 COLLEGE STREET</b> <b>ASHEVILLE, NC 28801</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BETTY, E. MITCHELL</b> <b>14 COLLEGE STREET</b> <b>ASHEVILLE, NC 28801</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ASSISTANT TREASURER</b> <b>GRAHAM KEIVER</b> <b>1029 COLUMBIAN RD</b> <b>ASHEVILLE, NC 28803</b>				
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.					
<b>SIGNATURE:</b> <u>Graham A. Keiver</u> <b>GRAHAM A. KEIVER</b> <u>6/29/05</u> <u>(828) 254-4860</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

**50054840**



06292005 Chg-NP CR2E037 (10/03)