

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001613

FILED
May 04, 2007
Secretary of State

Entity Name: THE COMMUNITY FOUNDATION OF WESTERN NORTH CAROLINA, INC.

Current Principal Place of Business:

1 WEST PACK SQUARE
1600
ASHEVILLE, NC 28802

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1888
ASHEVILLE, NC 28802

New Mailing Address:

FEI Number: 56-1223384 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

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: VC () Delete
Name: WINKENWERDER, JOHN G
Address: 6 CEDAR HILL DR
City-St-Zip: ASHEVILLE, NC 28803

Title: C () Delete
Name: OWEN, ELEANOR
Address: 31 BUSBEE ROAD
City-St-Zip: ASHEVILLE, NC 28803

Title: S () Delete
Name: TURNER, PAMELA M
Address: ONE TRAILRIDGE ROAD
City-St-Zip: ASHEVILLE, NC 28804

Title: T () Delete
Name: WILLIAM, LEWIN N
Address: 260 MIDLAND DR
City-St-Zip: ASHEVILLE, NC 28804

Title: D () Delete
Name: BEGLEY, WM. MICHAEL
Address: 103 RICHARDSON BLVD
City-St-Zip: BLACK MOUNTAIN, NC 28711

Title: AT () Delete
Name: KEEVER, GRAHAM A ASST TR
Address: 1029 COLUMBINE ROAD
City-St-Zip: ASHEVILLE, NC 28803

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: GRAHAM A. KEEVER

AT

05/04/2007

Electronic Signature of Signing Officer or Director

Date