

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001613

FILED  
Jun 02, 2008  
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: C (X) Change ( ) Addition  
Name: CRUTCHFIELD, PAUL  
Address: 2061 HICKORY SPRINGS ROAD  
City-St-Zip: BURNSVILLE, NC 28714

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: AT (X) Change ( ) Addition  
Name: KEEVER, GRAHAM A ASST TR  
Address: 17 WALNUT LANE  
City-St-Zip: FLETCHER, NC 28732

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

06/02/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date