

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001613

FILED
Jul 16, 2010
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 ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: D
Name: WINKENWERDER, JOHN G
Address: 6 CEDAR HILL DR
City-St-Zip: ASHEVILLE, NC 28803

Title: C
Name: CRUTCHFIELD, PAUL
Address: 1 WEST PACK SQUARE
City-St-Zip: ASHEVILLE, NC 28802

Title: S
Name: VAN DUYN, TERRY
Address: 1 WEST PACK SQUARE
City-St-Zip: ASHEVILLE, NC 28802

Title: T
Name: WILLIAM, LEWIN N
Address: 1 WEST PACK SQUARE
City-St-Zip: ASHEVILLE, NC 28802

Title: V
Name: ADAMS, MARLA
Address: 1 WEST PACK SQUARE
City-St-Zip: ASHEVILLE, NC 28802

Title: T
Name: KEEVER, GRAHAM A
Address: 1 WEST PACK SQUARE
City-St-Zip: ASHEVILLE, NC 28802

I hereby 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 all other like empowered.

SIGNATURE: GRAHAM A. KEEVER

T

07/16/2010

Electronic Signature of Signing Officer or Director

Date