


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90056 010 ****61.25

DOCUMENT # F95000005875 1. Entity Name WESTERN KENTUCKY UNIVERSITY FOUNDATION, A CORPORATION					
Principal Place of Business ONE BIG RED WAY BOWLING GREEN, KY 42101			Mailing Address ONE BIG RED WAY BOWLING GREEN, KY 42101		
2. Principal Place of Business 1906 College Heights Blvd. Suite, Apt. #, etc.		3. Mailing Address 1906 College Heights Blvd. Suite, Apt. #, etc.			
City & State Bowling Green, KY Zip 42101 Country		City & State Bowling Green, KY Zip 42101 Country		4. FEI Number 61-1251555 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				01132006 Chg-NP CR2E037 (11/05)	
6. Name and Address of Current Registered Agent LEWIS, DIANA 2765 TECUMSEH DR. WEST PALM BEACH, FL 33409			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BAKER, JERRY P O BOX 1 BOWLING GREEN, KY 42101 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Page, Leon PO Box 449 Franklin, KY 42135 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED HILES, THOMAS S 713 WAKEFIELD BOWLING GREEN, KY 42103 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BROWN, MARCIA 809 COVINGTON AVE. BOWLING GREEN, KY 42103 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JARBOE, PAULA C 2520 THOMPSON DR. BOWLING GREEN, KY 42104 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC PAGE, LEON PO BOX 449 FRANKLIN, KY 42135 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC Ferris Van Meter 1043 Covington St. Bowling Green, KY 42103 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T AARON, JANNICE DR. 686 BATES LANE SMITHFIELD, KY 40068 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 <u>Paula C Jarboe</u> Paula C Jarboe <u>1/17/06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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