2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Jan 16, 2007 8:00 am Secretary of State

01-16-2007 90181 015 ****61.25

40002012

DOCUMENT # F95000005875

1. Entity Name
WESTERN KENTUCKY UNIVERSITY FOUNDATION, A CORPORATION



Principal Place of Business 1906 COLLEGE HEIGHTS BLVD BOWLING GREEN, KY 42101

Mailing Address

1906 COLLEGE HEIGHTS BLVD BOWLING GREEN, KY 42101

2. Principal P	lace of Business - No P.O. Box #	3. Mailing	Address							
Suite, Apt. #, etc. Su		Suite	uite, Apt. #, etc.			01092007 CH	ng-NP	CR2E037	(12/06)	
City & State Ci			ity & State			4. FEI Number 61-125155	i5		<u> </u>	plied For t Applicable
Zip	Country	Zip		Country		5. Certificate of St			8.75 Add	itional
	6. Name and Address of Current	Registered	Agent			7 Name and Add	rese of New F			<u> </u>
a. Name and Address of Carrott Nagistered Agent					7. Name and Address of New Registered Agent Name					
LEWIS, DIANA 2765 TECUMSEH DR. WEST PALM BEACH, FL 33409				Stre	Street Address (P.O. Box Number is Not Acceptable)					
				City					Zip Cod	
8. The above the obligat	named entity submits this statement fi ions of registered agent.	or the purpos	e of changing its r			ered agent, or both, in	the State of Fl	FL orida. I am fai	<u>'</u>	
	Signature, typed or printed name of registered agen	t and little if applica	ible. (NOTE:	Registered Agent s	ignature require	d when reinstating)		DATE		
	Filing Fee is \$61.25 Due by May 1, 2007		9. Election Cam Trust Fund Co)° 🗆	\$5.00 May Be Added to Fees		lake check prida Departm		
10.	OFFICERS AND D	RECTORS		11.		ADDITIONS/CHANG	ES TO OFFICE	RS AND DIRE	CTORS IN	10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PAGE, LEON P.O. BOX 449 FRANKLIN, KY 42135		☐ Delete	TITLE NAME STREET ADDR CITY-ST-ZIP	ESS			(Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	ED HILES, THOMAS S 713 WAKEFIELD BOWLING GREEN, KY 42103		☐ Delete	TITLE NAME STREET ADDR CITY-ST-ZIP	ESS			[Спалде	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BROWN, MARCIA 809 COVINGTON AVE. BOWLING GREEN, KY 42103		☐ Delete	TITLE NAME STREET ADDR CITY-SI-ZIP	ESS]	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JARBOE, PAULA C 2520 THOMPSON DR. BOWLING GREEN, KY 42104		☐ Delete	TITLE NAME STREET ADOR CITY-ST-ZIP	ESS				Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC MEHER, FERRIS V 10430 COVINGTON ST BOWLING GREEN, KY 42103		Delete	TITLE NAME STREET ADDR CITY-ST-ZIP		nt, Belle 3 Grider Pon ling Green, 1			Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T AARON, JANNICE DR. 686 BATES LANE SMITHFIELD, KY 40068		☐ Delete	TITLE NAME STREET ADDR CITY-ST-ZIP		<u> </u>			Change	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.

SIG	NAT	URE
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SIGNATURE AND DEED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #