

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000005875

FILED
Jan 18, 2008
Secretary of State

Entity Name: WESTERN KENTUCKY UNIVERSITY FOUNDATION, A CORPORATION

Current Principal Place of Business:

1906 COLLEGE HEIGHTS BLVD
BOWLING GREEN, KY 42101

New Principal Place of Business:

Current Mailing Address:

1906 COLLEGE HEIGHTS BLVD
BOWLING GREEN, KY 42101

New Mailing Address:

FEI Number: 61-1251555

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEWIS, DIANA
2765 TECUMSEH DR.
WEST PALM BEACH, FL 33409 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: P () Delete
Name: PAGE, LEON
Address: P.O. BOX 449
City-St-Zip: FRANKLIN, KY 42135

Title: ED () Delete
Name: HILES, THOMAS S
Address: 713 WAKEFIELD
City-St-Zip: BOWLING GREEN, KY 42103

Title: S () Delete
Name: BROWN, MARCIA
Address: 809 COVINGTON AVE.
City-St-Zip: BOWLING GREEN, KY 42103

Title: T () Delete
Name: JARBOE, PAULA C
Address: 2520 THOMPSON DR.
City-St-Zip: BOWLING GREEN, KY 42104

Title: VC () Delete
Name: HUNT, BELLE
Address: 1023 GRIDER POND RD
City-St-Zip: BOWLING GREEN, KY 42104

Title: T () Delete
Name: AARON, JANNICE DR.
Address: 686 BATES LANE
City-St-Zip: SMITHFIELD, KY 40068

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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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: PAULA C. JARBOE

T

01/18/2008

Electronic Signature of Signing Officer or Director

Date