

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000007012

FILED
Apr 16, 2007
Secretary of State

Entity Name: ASBURY FOUNDATION FOR THEOLOGICAL EDUCATION, INC.

Current Principal Place of Business:

204 N. LEXINGTON AVE.
WILMORE, KY 40390

New Principal Place of Business:

Current Mailing Address:

204 N. LEXINGTON AVE.
WILMORE, KY 40390

New Mailing Address:

FEI Number: 61-1164593

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TILLMANN, WILLIAM A
119 GOSHAWK TERRACE
WINTER SPRINGS, FL 32708 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: TC () Delete
Name: SMITH, JAMES W
Address: 4600 S WESTERN ST
City-St-Zip: AMARILLO, TX 79109

Title: T () Delete
Name: HOLSINGER, JAMES W JR, MD
Address: 4705 WATERSIDE CT.
City-St-Zip: LEXINGTON, KY 40513

Title: T () Delete
Name: CONNOLLY, PHILLIP F
Address: 179 EMMAUS RD
City-St-Zip: MARYSVILLE, OH 43040

Title: O () Delete
Name: CATES, PETER R
Address: 204 N LEXINGTON AVE
City-St-Zip: WILMORE, KY 40390

Title: O () Delete
Name: GREENWAY, JEFFREY E
Address: 204 N LEXINGTON AVE
City-St-Zip: WILMORE, KY 40390

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: O (X) Change () Addition
Name: BLANKENSHIP, BRYAN P
Address: 421 KINLAW DR
City-St-Zip: WILMORE, KY 40390

Title: O (X) Change () Addition
Name: KALAS, J. ELLSWORTH
Address: 3157 BLENHEIM WAY
City-St-Zip: LEXINGTON, KY 40503

I hereby certify that the information supplied with this filing does not qualify for the 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: BRYAN P. BLANKENSHIP

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04/16/2007

Electronic Signature of Signing Officer or Director

Date