

**2015 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F98000007012

**Entity Name:** ASBURY FOUNDATION FOR THEOLOGICAL EDUCATION, INC.**Current Principal Place of Business:**204 N. LEXINGTON AVE.  
WILMORE, KY 40390**Current Mailing Address:**204 N. LEXINGTON AVE.  
WILMORE, KY 40390**FEI Number: 61-1164593****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**TILLMANN, WILLIAM A  
119 GOSHAWK TERRACE  
WINTER SPRINGS, FL 32708 US*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**Officer/Director Detail :**

Title TRUSTEE  
Name SMITH, JAMES W  
Address 204 N. LEXINGTON AVE.  
City-State-Zip: WILMORE KY 40390

Title TRUSTEE  
Name BIRDWELL, RANDALL P  
Address 204 N. LEXINGTON AVE.  
City-State-Zip: WILMORE KY 40390

Title TREASURER  
Name BLANKENSHIP, BRYAN P  
Address 204 N. LEXINGTON AVE.  
City-State-Zip: WILMORE KY 40390

Title ASST. SECRETARY  
Name THOMAS, KAREN E  
Address 204 N. LEXINGTON AVE.  
City-State-Zip: WILMORE KY 40390

Title CHAIRMAN  
Name GWINN, ALFRED W JR.  
Address 204 N. LEXINGTON AVE.  
City-State-Zip: WILMORE KY 40390

Title SECRETARY  
Name BLEWS, DEBRA M  
Address 204 N. LEXINGTON AVE.  
City-State-Zip: WILMORE KY 40390

Title COO  
Name LANDREBE, ROBERT S  
Address 204 N. LEXINGTON AVE.  
City-State-Zip: WILMORE KY 40390

*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: BRYAN P. BLANKENSHIP****TREASURER****04/08/2015**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date