

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 837761 (6)
1. Corporation Name
ASBURY THEOLOGICAL SEMINARY, INCORPORATED



Principal Place of Business: **204 NO. LEXINGTON AVE
AR TO INSURANCE DEPT (PLEASE SEE TINA)
WILMORE KY 40390**

Mailing Address: **204 NO. LEXINGTON AVE
AR TO INSURANCE DEPT (PLEASE SEE TINA)
WILMORE KY 40390**

3. Date Incorporated or Qualified: **01/27/1977**
3a. Date of Last Report: **04/19/1995**

21. Principal Place of Business	2a. Mailing Address	4. FEI Number 61-0445823	Applied For <input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	29. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
Country	Country		
25	30		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GRANT, JOHN A. JR.
1411 NORTH WEST SHORE BLVD., #100
THE AUSTIN CENTER, DECOA BLDG.,
TAMPA FL 33607**

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL
85. Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNNAM, MAXIE D	1.2 NAME	
STREET ADDRESS	1025 LEXINGTON ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	WILMORE KY	1.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KILTY, DUANE	2.2 NAME	
STREET ADDRESS	103 HAGER COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	WILMORE KY	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROUSE, CHARLES E.	3.2 NAME	
STREET ADDRESS	148 LOWRY LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	WILMORE, KY 00000	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COCHRAN, EMERSON	4.2 NAME	
STREET ADDRESS	412 ST MARYS LANE, NW	4.3 STREET ADDRESS	
CITY-ST-ZIP	MARIETTA, GA 00000	4.4 CITY-ST-ZIP	
TITLE	CD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUSKIRK, JAMES B.	5.2 NAME	
STREET ADDRESS	1115 S. BOULDER	5.3 STREET ADDRESS	
CITY-ST-ZIP	TULSA OK	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALLOWAY, IRA	6.2 NAME	
STREET ADDRESS	LOT 191 MEADOWS	6.3 STREET ADDRESS	
CITY-ST-ZIP	PAGOSA SPRINGS CO	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Duane Kilty* **3-8-96 (606)858-3581**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: Daytime Phone #

CR2E037 (12/95)