1. Same

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Mar 10 1997 8:00am

Secretary of State

(606) 858-3581

Daytime Phone # 0075847

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 837761

(6)

ASBURY THEOLOGICAL SEMINARY, INCORPORATED

AUDUII	T THE OCCUPANT OF THE PARTY OF	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Principal Place	of Business	Mailing Address			IND BINIO MANDA MANDA DEPET DENTE NEUT SENT	
204 NO. LEXINGTON AVE AR TO INSURANCE DEPT (PLEASE SEE TINA) WILMORE KY 40390		204 NO. LEXINGTON AVE AR TO INSURANCE DEPT (PLEASE SEE TINA) WILMORE KY 40390-1129				
WILMORE IN T		West of the second seco			3. Date incorporated or Qualified 01/27/1977	3a. Date of Last Report 03/22/1996
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21		26			61-0445823	Not Applicable
Suite, Apt. #, etc		Suite, Apt. #, etc.	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State)	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Cour	ntry	8. This corporation has liability for in	ntangible tax under s. 199.032,
24	25	29	30		1101100 01010104	Yes No
	9. Name and Address of Curre	nt Registered Agent		81 Name	10. Name and Address of New Re	Jistered Agent
AD 11.07	101111 4 10			1		
	John A. Jr. Orth West Shore Blvd., #11	00		82 Street Addi	ress (P.O. Box Number is Not Acceptab	le)
	STIN CENTER, DECOA BLOG.,			83		
	FL 33607			84 City		85 Zip Code
11 Pursuant t	to the provisions of Sections 617.05	02 and 617.1508. Florida Statu	ites, the at	ove-named corr	poration submits this statement for the p	urpose of changing its registered
office or re agent. I ar	egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was pations of, Section 617.0503, F	authorized lorida Stat	d by the corpora utes.	poration submits this statement for the p tion's board of directors. I hereby accep	at the appointment as registered
SIGNATURE _		(NO	TE Basatasar	l Agent signature requi	ized when reinstation)	DATE
12.	Signature typed or printed name of registered ag OFFICERS AN	ND DIRECTORS	13.	i Agent signatore regor	ADDITIONS/CHANGES TO OFFIC	
TITLE	P	DELETE	1.1 10	ILE		☐ Change ☐ Addition
NAME	DUNNAM, MAXIE D		1.2 NA	ME		
STREET ADDRESS	1025 LEXINGTON ROAD		1.3 ST	REET ADDRESS		
CITY-ST-ZIP	WILMORE KY	The second		TY-ST-ZIP		Change Addition
TITLE	T	DELETE	2.1 Til	ł		Change Addition
NAME	KILTY, DUANE		2.2 N			
STREET ADORESS	103 HAGER COURT			REET ADDRESS		
CITY-ST-ZIP TITLE	WILMORE KY S	DELETE	2.4 C	ITY-ST-ZIP		Change Addition
NAME	CROUSE, CHARLES E.		3.2 N/			
STREET ADDRESS	148 LOWRY LANE			REET ADDRESS		
CITY-ST-ZIP	WILMORE, KY 00000		3.4. C	ITY-ST-ZIP		
TITLE	D	DELETE	4.1 Ti			Change Addition
NAME	COCHRAN, EMERSON		4. 2 N	AME		
STREET ADDRESS	412 ST MARYS LANE, NW		4.3 ST	REET ADDRESS		
CITY-ST-ZIP	MARIETTA, GA 00000	W. 40. Pare		TY-ST-ZIP		Character 1 Addition
TITLE	CD	☐ DELETE	5 1 Ti	1	• •	Change Addition
NAME	BUSKIRK, JAMES B.		5.2 N/			
STREET ADDRESS	1115 S. BOULDER			TREET ADDRESS		
CITY-ST-ZIP	TULSA OK	☐ DELETE	5.4 CI 6.1 TI	TY-ST-ZIP		☐ Change ☐ Addition
TITLE	D D		6.2 N/			E compo E common
NAME STREET ADDRESS	GALLOWAY, IRA LOT 191 MEADOWS			TREET ADDRESS		
CITY-ST-ZIP	PAGOSA SPRINGS CO			ITY-ST-ZIP		
14 I do herel	by certify that the information suppli	ed with this filing does not qua	lify for the	exemption state	d in Section 119.07(3)(i), Florida Statute	s. I further certify that the
informatic	on indicated on this annual report or	cunniamental annual renort is	true and s	accurate and the	at my signature shall have the same lega ort as required by Chapter 617, Florida S	al effect as it made under oath; that
appears	in Block 12 or Block 13 if changed,	or on an attachment with	loues.		, ., ., ., ., ., ., ., ., ., ., ., .,	· •

SIGNATURE:

Duane L. Kilty Treasurer