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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 837761

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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 01/27/1977
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 61-0445823 Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> DELETE
NAME	DUNNAM, MAXIE D
STREET ADDRESS	1025 LEXINGTON ROAD
CITY-ST-ZIP	WILMORE KY
TITLE	T <input type="checkbox"/> DELETE
NAME	KILTY, DUANE
STREET ADDRESS	103 HAGER COURT
CITY-ST-ZIP	WILMORE KY
TITLE	S <input checked="" type="checkbox"/> DELETE
NAME	CROUSE, CHARLES E.
STREET ADDRESS	148 LOWRY LANE
CITY-ST-ZIP	WILMORE, KY 00000
TITLE	CTR <input type="checkbox"/> DELETE
NAME	HOLSINGER, JAMES W JR MD
STREET ADDRESS	4705 WATERSIDE CT
CITY-ST-ZIP	LEXINGTON KY 40513
TITLE	CD <input type="checkbox"/> DELETE
NAME	BUSKIRK, JAMES B.
STREET ADDRESS	1115 S. BOULDER
CITY-ST-ZIP	TULSA OK
TITLE	TR <input type="checkbox"/> DELETE
NAME	GALLOWAY, IRA
STREET ADDRESS	12719 NORTHERN SKY NE
CITY-ST-ZIP	ALBUQUERQUE NM 87111

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	S
3.3 STREET ADDRESS	Karen E. Thomas
3.4 CITY-ST-ZIP	3257 Brighton Place Dr. Lexington, KY 40509
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** Duane L. Kilty (606) 858-3581
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (1/98)