

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 837761

FILED  
Apr 18, 2006  
Secretary of State

**Entity Name:** ASBURY THEOLOGICAL SEMINARY, INCORPORATED

**Current Principal Place of Business:**

204 NO. LEXINGTON AVE  
AR TO INSURANCE DEPT (PLEASE SEE TINA)  
WILMORE, KY 40390

**New Principal Place of Business:**

204 NO. LEXINGTON AVE  
WILMORE, KY 40390

**Current Mailing Address:**

204 NO. LEXINGTON AVE  
AR TO INSURANCE DEPT (PLEASE SEE TINA)  
WILMORE, KY 40390

**New Mailing Address:**

204 NO. LEXINGTON AVE  
WILMORE, KY 40390

**FEI Number:** 61-0445823

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HINES, ANDREW H JR  
1 PROGRESS PLAZA 290  
SAINT PETERSBURG, FL 33701 US

**Name and Address of New 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: WILLIAM A. TILLMANN

04/18/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: GREENWAY, JEFFREY E DR  
Address: 1025 LEXINGTON ROAD  
City-St-Zip: WILMORE, KY 40390

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

Title: S ( ) Delete  
Name: THOMAS, KAREN E  
Address: 3257 BRIGHTON PLACE DR  
City-St-Zip: LEXINGTON, KY 40509

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

Title: CTR ( ) Delete  
Name: SMITH, JAMES W DR  
Address: 4600 S WESTERN ST  
City-St-Zip: AMARILLO, TX 79109

Title: TR ( ) Delete  
Name: GALLOWAY, IRA,  
Address: 12719 NORTHERN SKY NE  
City-St-Zip: ALBUQUERQUE, NM 87111

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: THOMAS, KAREN E  
Address: 3413 CHESTNUT HILL LANE  
City-St-Zip: LEXINGTON, KY 40509

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: PETER R. CATES

T

04/18/2006

Electronic Signature of Signing Officer or Director

Date