## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 837761** 

FILED Apr 08, 2008 Secretary of State

Entity Name: ASBURY THEOLOGICAL SEMINARY, INCORPORATED

Current Principal Place of Business:					New Principal Place of Business:				
204 NO. LEXINGTON AVE WILMORE, KY 40390					204 NO. LEXINGTON AVE WILMORE, KY 403901199				
Current Mailing Address:					New Mailing Address:				
204 NO. LEXINGTON AVE WILMORE, KY 40390					204 NO. LEXINGTON AVE WILMORE, KY 403901199				
El Number:	61-0445823	FEI Num	ber Applied For()	FEI Nun	nber Not Appli	icable ( )	Certificate	of Status De	esired ( )
Name and	Address of C	Current R	egistered Agent:		Name and	Address of	New Regis	stered Age	nt:
119 GOSH	I, WILLIAM A AWK TERRA PRINGS, FL		US						
	named entity : e of Florida.	submits th	is statement for the pu	irpose o	f changing it	ts registered	office or re	gistered age	ent, or both,
SIGNATUF	RE:								
Electronic Signature of Registered Agent					Date				
OFFICERS AND DIRECTORS:					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Fitle: Name: Address: City-St-Zip:	P ( ) KALAS, J. ELL: 3157 BLENHEI LEXINGTON, K	M WAY	R		Title: Name: Address: City-St-Zip:	(	) Change(	) Addition	
Fitle: Name: Address: City-St-Zip:	T () BLANKENSHIP 421 KINLAW D WILMORE, KY	R			Title: Name: Address: City-St-Zip:	(	) Change(	) Addition	
Fitle: Name: Address: City-St-Zip:	S () THOMAS, KARI 3413 CHESTNI LEXINGTON, K	JT HILL LAN	E		Title: Name: Address: City-St-Zip:	(	) Change(	) Addition	
Fitle: Name: Address: City-St-Zip:	TR ( ) HOLSINGER, J 4705 WATERS LEXINGTON, K	IDE CT	R MD		Title: Name: Address: City-St-Zip:	CHR (, JOHNSON, DA 6242 NW 19T GAINESVILLE	H PLACE	) Addition	
Fitle: Name: Address: City-St-Zip:	CTR ( ) SMITH, JAMES 4600 S WESTE AMARILLO, TX	ERN ST			Title: Name: Address: City-St-Zip:	TR ( SMITH, JAME 4600 S WEST AMARILLO, T	TERN ST	) Addition	
Fitle: Name: Address: Dity-St-Zip:	TR ( ) GALLOWAY, IF 12800 COMAN ALBUQUERQU	CHE RD. NE			Title: Name: Address: City-St-Zip:	(	) Change(	) Addition	

I hereby certify that the information supplied with this filing does not qualify 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: BRYAN P. BLANKENSHIP TR 04/08/2008