

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 837761

FILED
Apr 08, 2009
Secretary of State

Entity Name: ASBURY THEOLOGICAL SEMINARY, INCORPORATED

Current Principal Place of Business:

204 NO. LEXINGTON AVE
WILMORE, KY 403901199

New Principal Place of Business:

Current Mailing Address:

204 NO. LEXINGTON AVE
WILMORE, KY 403901199

New Mailing Address:

FEI Number: 61-0445823 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TILLMANN, WILLIAM A
119 GOSHAWK TERRACE
WINTER SPRINGS, FL 32708 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KALAS, J. ELLSWORTH DR
Address: 3157 BLENHEIM WAY
City-St-Zip: LEXINGTON, KY 40503

Title: T () Delete
Name: BLANKENSHIP, BRYAN P
Address: 421 KINLAW DR
City-St-Zip: WILMORE, KY 40390

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

Title: CHR () Delete
Name: JOHNSON, DAN DR
Address: 6242 NW 19TH PLACE
City-St-Zip: GAINESVILLE, FL 32605

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

Title: TR () Delete
Name: GALLOWAY, IRA
Address: 12800 COMANCHE RD. NE #30
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: () Change () Addition
Name:
Address:
City-St-Zip:

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

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

Title: TR (X) Change () Addition
Name: BADDOUR, PAUL M
Address: 249 PROMENADE CIRCLE
City-St-Zip: HEATHROW, FL 32746

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

T

04/08/2009

Electronic Signature of Signing Officer or Director

Date