

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 837761

FILED
Apr 22, 2003
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:

Current Mailing Address:

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

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:

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

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: DUNNAM, MAXIE D
Address: 1025 LEXINGTON ROAD
City-St-Zip: WILMORE, KY

Title: T () Delete
Name: KILTY, DUANE
Address: 103 HAGER COURT
City-St-Zip: WILMORE, KY

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

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

Title: TR () Delete
Name: BUSKIRK, JAMES B.
Address: 1115 S. BOULDER
City-St-Zip: TULSA, OK

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: () 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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DUANE KILTY

Electronic Signature of Signing Officer or Director

TREA

04/22/2003

Date