

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001897

Entity Name: ASBURY COLLEGE, INC.

FILED
Mar 09, 2006
Secretary of State

Current Principal Place of Business:

1 MACKLEM DRIVE
WILMORE, KY 40390

New Principal Place of Business:

Current Mailing Address:

1 MACKLEM DRIVE
WILMORE, KY 40390

New Mailing Address:

FEI Number: 61-0458355

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEXISNEXIS DOCUMENT SOLUTIONS INC.
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: C () Delete
Name: CROUSE, C.E. JR
Address: 1863 FOREST RIDGE DRIVE
City-St-Zip: COLORADO SPRINGS, CO 80918

Title: VC () Delete
Name: HAGER, W. DAVID
Address: 4821 WATERSIDE DRIVE
City-St-Zip: LEXINGTON, KY 40513

Title: D () Delete
Name: HEIDINGER, JAMES V
Address: 118 FAIRWAY DRIVE
City-St-Zip: NICHOLASVILLE, KY 40356

Title: VP () Delete
Name: FISKEAUX, CHARLIE D
Address: 1 MACKLEM DR.
City-St-Zip: WILMORE, KY 40390

Title: P () Delete
Name: RADER, PAUL A
Address: 1 MACKLEM DRIVE
City-St-Zip: WILMORE, KY 40390

Title: VP () Delete
Name: WHITEMAN, RAYMOND F
Address: 1 MACKLEM DRIVE
City-St-Zip: WILMORE, KY 40390

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VC (X) Change () Addition
Name: BARBO, DOROTHY
Address: 5817 ROYAL OAK DRIVE NE
City-St-Zip: ALBUQUERQUE, NM 87111

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 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: CHARLIE D. FISKEAUX

VP

03/09/2006

Electronic Signature of Signing Officer or Director

Date