2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2008
Secretary of State

DOCUMENT# N02000000073

Entity Name: ASSOCIATION FOR THE ACADEMIC STUDY OF NEW RELIGIONS, INC.

Current Principal Place of Business:

1085 TORCHWOOD DR.
DELAND, FL 32724

New Principal Place of Business:

Current Mailing Address:

1085 TORCHWOOD DR.
DELAND, FL 32724

New Mailing Address:

FEI Number: 04-3594919 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LUCAS, PHILLIP C
1085 TORCHWOOD DR.
DELAND, FL 32724 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:	D	( ) Delete
Name:	LUCAS, PHILLIP C	
Address:	1085 TORCHWOOD DR.	
City-St-Zip:	DELAND, FL 32724	
Title:	D	( ) Delete
Name:	WESSINGER, CATHERINE	
Address:	6363 ST. CHARLES AVE.	
City-St-Zip:	NEW ORLEANS, LA 70118	
Title:	D	( ) Delete
Name:	MOORE, REBECCA	
Address:	5500 CAMPANILE DR.	
City-St-Zip:	SAN DIEGO, CA 921826252	
Title:	D	( ) Delete
Name:	MILLER, TIMOTHY	
Address:	1300 OREAD ST.	
City-St-Zip:	LAWRENCE, KS 66045	
Title:	D	( ) Delete
Name:	BARKER, EILEEN	
Address:	HOUGHTON ST., LONDON WC2A 2AE	
City-St-Zip:	UNITED KINGDOM,	
Title:	D	( ) Delete
Name:	WRIGHT, STUART	
Address:	LAMAR UNIVERSITY, POB 10026	
City-St-Zip:	BEAUMONT, TX 77710	

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 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: PRESIDENT PHILLIP LUCAS D 03/21/2008

Electronic Signature of Signing Officer or Director — Date