


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 08:00 AM
Secretary of State

DOCUMENT # F04000000921
 1. Entity Name
 NORTH TENNESSEE BIBLE INSTITUTE INC.



Principal Place of Business: 556 WEST BAYSHORE DR. ST. GEORGE ISLAND, FL 32328
 Mailing Address: 199 JACK MILLER BLVD. CLARKSVILLE, TN 37042



03032005 No Chg-NP CR2E037 (10/03)

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4. FEI Number 23-7128640	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 WALL, CELESTE
 556 WEST BAYSHORE DR.
 ST. GEORGE ISLAND, FL 32328

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

000000253466
 03/14/05-80096-003 75.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CORLEY, WILLIAM H 302 KIMBROUGH ROAD CLARKSVILLE, TN 37043
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PARKER, LEON L 1827 EAGLE SHORE DR. CORDOVA, TN 38018
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HUNT, LINDA S 121 KING COLE DRIVE CLARKSVILLE, TN 37042
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TVC WALL, CELESTE 556 WEST BAYSHORE DR. ST. GEORGE ISLAND, FL 32328
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C POTTS, DAVIS LEE 4372 LAKE ROAD WOODLAWN, TN 37191
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARTON BAKER, VALETA 1001 CARPENTERS WAY G109 LAKELAND, FL

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12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE William H. Corley March 3, 2005 (991) 552-1600
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #