2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000000921

Entity Name: NORTH TENNESSEE BIBLE INSTITUTE INC.

FILED Mar 23, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 556 WEST BAYSHORE DR ST. GEORGE ISLAND, FL 32328 **Current Mailing Address: New Mailing Address:** 199 JACK MILLER BLVD 1856 MEMORIAL DR CLARKSVILLE, TN 37042 CLARKSVILLE, TN 37043 FEI Number: 23-7128640 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WALL, CELESTE 556 WEST BAYSHORE DR. ST. GEORGE ISLAND, FL 32328 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition CORLEY, WILLIAM H Name: Name: 302 KIMBROUGH ROAD Address: Address: City-St-Zip: CLARKSVILLE, TN 37043 City-St-Zip: Title: () Delete Title: () Change () Addition PARKER, LEON L Name: Name: Address: 1827 EAGLE SHORE DR. Address: City-St-Zip: CORDOVA, TN 38018 City-St-Zip: Title: () Delete Title: () Change () Addition HUNT, LINDA S Name: Name: 121 KING COLE DRIVE Address: Address: City-St-Zip: CLARKSVILLE, TN 37042 City-St-Zip: Title: TVC () Delete Title: () Change () Addition Name: WALL, CELESTE Name: 556 WEST BAYSHORE DR. Address: Address: City-St-Zip: ST. GEORGE ISLAND, FL 32328 City-St-Zip: Title: () Delete Title: () Change () Addition POTTS, DAVIS LEE Name: Name: 4372 LAKE ROAD Address: Address: City-St-Zip: WOODLAWN, TN 37191 City-St-Zip: Title: () Delete Title: (X) Change () Addition BARTON BAKER, VALETA BARTON BAKER, VALETA Name: Name: Address: 1001 CARPENTERS WAY G109 Address: 1001 CARPENTERS WAY G109

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.

City-St-Zip:

SIGNATURE: WILLIAM H. CORLEY P 03/23/2007

LAKELAND, FL

City-St-Zip:

LAKELAND, FL AUTO FILL