

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
Feb 19, 2008  
Secretary of State

DOCUMENT# F04000000921

Entity Name: NORTH TENNESSEE BIBLE INSTITUTE INC.

**Current Principal Place of Business:**

556 WEST BAYSHORE DR.  
ST. GEORGE ISLAND, FL 32328

**New Principal Place of Business:**

**Current Mailing Address:**

1856 MEMORIAL DR.  
CLARKSVILLE, TN 37043

**New Mailing Address:**

FEI Number: 23-7128640

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

WALL, CELESTE  
556 WEST BAYSHORE DR.  
ST. GEORGE ISLAND, FL 32328 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: P ( ) Delete  
Name: CORLEY, WILLIAM H  
Address: 302 KIMBROUGH ROAD  
City-St-Zip: CLARKSVILLE, TN 37043

Title: V ( ) Delete  
Name: PARKER, LEON L  
Address: 1827 EAGLE SHORE DR.  
City-St-Zip: CORDOVA, TN 38018

Title: S ( ) Delete  
Name: HUNT, LINDA S  
Address: 121 KING COLE DRIVE  
City-St-Zip: CLARKSVILLE, TN 37042

Title: TVC ( ) Delete  
Name: WALL, CELESTE  
Address: 556 WEST BAYSHORE DR.  
City-St-Zip: ST. GEORGE ISLAND, FL 32328

Title: C ( ) Delete  
Name: POTTS, DAVIS LEE  
Address: 4372 LAKE ROAD  
City-St-Zip: WOODLAWN, TN 37191

Title: D ( ) Delete  
Name: BARTON BAKER, VALETA  
Address: 1001 CARPENTERS WAY G109  
City-St-Zip: LAKELAND, FL AUTO FILL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: V (X) Change ( ) Addition  
Name: PARKER, LEON L  
Address: 180 HUMMINGBIRD LOOP  
City-St-Zip: ATOKA, TN 38004

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: WILLIAM H. CORLEY

P

02/19/2008

Electronic Signature of Signing Officer or Director

Date