


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Feb 24 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F97000003076 (3)**  
1. Corporation Name  
**NASHVILLE INNER CITY MINISTRY, INC.**



Principal Place of Business <b>185 ANTHES DR. NASHVILLE TN 37210</b>		Mailing Address <b>185 ANTHES DR. NASHVILLE TN 37210</b>	
<b>21</b>	2. Principal Place of Business	<b>26</b>	2a. Mailing Address
<b>22</b>	Suite, Apt. #, etc.	<b>27</b>	Suite, Apt. #, etc.
<b>23</b>	City & State	<b>28</b>	City & State
<b>24</b>	Zip	<b>29</b>	Zip
<b>25</b>	Country	<b>30</b>	Country

<b>3.</b>	Date Incorporated or Qualified <b>06/12/1997</b>
<b>4.</b>	FEI Number <b>58-1519894</b>
	Applied For <input type="checkbox"/> Not Applicable
<b>5.</b>	Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
<b>6.</b>	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
<b>7.</b>	Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>8.</b>	This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

**9. Name and Address of Current Registered Agent**

**NATIONSCORP REGISTERED AGENTS, INC.  
526 E. PARK AVE.  
TALLAHASSEE FL 32301**

**10. Name and Address of New Registered Agent**

<b>81</b>	Name
<b>82</b>	Street Address (P.O. Box Number Is Not Acceptable)
<b>83</b>	
<b>84</b>	City
<b>85</b>	Zip Code

**11.** Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change of agent. I am familiar with, and accept the obligations of, Section 617.0.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

\_\_\_\_\_  
Registered Agent signature required when reinstating) DATE

**12. OFFICERS AND DIRECTORS**

TITLE	<b>C</b>	
NAME	<b>WALLER, GARY</b>	
STREET ADDRESS	<b>6208 RIVER OAKS CT.</b>	
CITY-ST-ZIP	<b>NASHVILLE TN 37215</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>LYNN, MAC</b>	
STREET ADDRESS	<b>5533 SADDLEWOOD LANE</b>	
CITY-ST-ZIP	<b>NASHVILLE TN 37027</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>YATES, OLIVER</b>	
STREET ADDRESS	<b>5214 MEADOW LAKE RD.</b>	
CITY-ST-ZIP	<b>BRENTWOOD TN 37027</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>CATES, PAUL</b>	
STREET ADDRESS	<b>8223 HALFORD PL.</b>	
CITY-ST-ZIP	<b>BRENTWOOD TN 37027</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>LOCKE, PAUL</b>	
STREET ADDRESS	<b>6575 MANLEY LN.</b>	
CITY-ST-ZIP	<b>BRENTWOOD TN 37027</b>	
TITLE	<b>B</b>	<input type="checkbox"/> DELETE
NAME	<b>Netterville, John</b>	
STREET ADDRESS	<b>P.O. Box 911</b>	
CITY-ST-ZIP	<b>Brentwood, TN 37027</b>	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

*Where he lives. Receives mail by post office Box.*

**14.** 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** *Harris O. Yates* Harris O. Yates | 26 January 1998 615-269-1000 Ext. 2414

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