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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT #

Principal Place of Business

2. Principal Place of Business

526 E. PARK AVE.

TALLAHASSEE FL 32301

Sulte, Apt. #, etc.

City & State

Zip

185 ANTHES DR

21

22

24

NASHVILLE TN 37210

F97000003076 (3)

27

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Mailing Address

185 ANTHES DR.

NASHVILLE TN 97210

2a. Malling Address

City & State

Ζıρ

Suite, Apt. #, etc.

NASHVILLE INNER CITY MINISTRY, INC.

Country

9. Name and Address of Current Registered Agent

25

NATIONSCORP REGISTERED AGENTS, INC.

3. Date Incorporated or Qualified 06/12/1997 4. FEI Number Applied For 58-15 19894 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 7. Is this nonprofit corporation a homeowners association? Yes Yes ☐ No This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes 10. Name and Address of New Registered Agent Name Street Address (P.O. Box Number Is Not Acceptable) Zip Code ites, the above-named corporation submits this statement for the purpose of changing its registered thorized by the corporation's board of directors. I hereby accept the appointment as registered

FILED

Feb 24 1998 8:00am

Secretary of State

							
office or re	to the provisions of Sections 617.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	of Florida. Such change v 🗼	s, the above-named thorized by the corp da Statutes.	corporation submits this poration's board of direct	statement for the purpos ors. I hereby accept the	e of changing it appointment as	s registered registered
SIGNATURE _	Signature, typed or printed name of registered agen	and the Maccheshie	-anielared Anani signatura	required when rejectation	DAT	F	
12. OFFICERS AND DIRECTORS			egislered Agent signature required when reinstating) DATE DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
·····		DIRECTORS	- 4	ADDITIONS/OF	TANGES TO OFFICENS		Addition
TITLE	C	L	1.1 TITLE			Change	L_J AOGRON
NAME	WALLER, GARY		1.2 NAME				
STREET ADDRESS	6208 RIVER OAKS CT.		1.3 STREET ADDRESS				
CITY-ST-ZIP	NASHVILLE TN 37215		1.4 CITY-ST-ZIP				
TITLE	D	☐ DELETE	2.1 TITLE			☐ Change	Addition
NAME	LYNN, MAC		2.2 NAME				
STREET ADDRESS	5533 SADDLEWOOD LANE		2.3 STAEET ADDRESS				
CITY-ST-ZIP	NASHVILLE TN 37027		2. 4 CITY - ST - ZIP				_
TITLE	PD	☐ DELETE	3.1 TITLE			☐ Change	☐ Addition
NAME	yates, oliver		3.2 NAME				
STREET ADDRESS	5214 MEADOW LAKE RD.		3.3 STREET ADDRESS				
CITY-ST-ZIP	BRENTWOOD TN 37027	<u></u>	3.4. CITY-ST-ZIP				
TITLE	S	DELETE	4.1 TITLE			☐ Change	☐ Addition
NAME	CATES, PAUL		4. 2 NAME				
STREET ADDRESS	8223 HALFORD PL.		4.3 STREET ADDRESS				
CITY-ST-ZIP	BRENTWOOD TN 37027		4.4 CITY-ST-ZIP	<u> </u>			
ĭ∏£É	T	☐ DELETE	5.1 TITLE			Change Change	Addition
NAME	LOCKE, PAUL		5.2 NAME				
STREET ADDRESS	6575 MANLEY LN.		5.3 STREET ADDRESS				
CITY-ST-ZIP	BRENTWOOD TN 37027		5.4 CITY-ST-ZIP				
TITLE	В	DELETE	6.1 TITLE	Where I	ue lives.	Change	Addition
NAME	Netterville, John	2461 NORTH	6.2 NAME	Receives MA	he lives.	office	
STREET ANNAESS	P.O. Box 911	BORRY'S CHAPEL	6.3 STREET ADDRESS	l'_	•		

Country

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City

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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 truslee 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.

CITY-ST-ZIP

Harris O. Yates

26 January 1998 615-269-1000 Ext. 2414