


FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 19, 1999 8:00 am  
Secretary of State

02-19-1999 90053 043 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000003076

1. Corporation Name

NASHVILLE INNER CITY MINISTRY, INC.

Principal Place of Business

185 ANTHES DR.  
NASHVILLE TN 37210

Mailing Address

185 ANTHES DR.  
NASHVILLE TN 37210



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		06/12/1997	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		58-1519894	
24 Country		29 Country		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
NATIONSCORP REGISTERED AGENTS, INC.				51 Name	
526 E. PARK AVE.				52 Street Address (P.O. Box Number is Not Acceptable)	
TALLAHASSEE FL 32301				53	
				54 City	
				55 Zip Code	
				FL	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees					

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 was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C WALLER, GARY	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6208 RIVER OAKS CT.	1.2 NAME	
STREET ADDRESS	NASHVILLE TN 37215	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D LYNN, MAC	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5533 SADDLEWOOD LANE	2.2 NAME	
STREET ADDRESS	NASHVILLE TN 37027	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	PD YATES, OLIVER	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5214 MEADOW LAKE RD.	3.2 NAME	
STREET ADDRESS	BRENTWOOD TN 37027	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	S CATES, PAUL	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8223 HALFORD PL.	4.2 NAME	
STREET ADDRESS	BRENTWOOD TN 37027	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	T LOCKE, PAUL	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6575 MANLEY LN.	5.2 NAME	
STREET ADDRESS	BRENTWOOD TN 37027	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	B NETTERVILLE, JOHN	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2461 N BERRY'S CHAPEL RD	6.2 NAME	
STREET ADDRESS	BRENTWOOD TN 37027	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: HARRIS O. YATES 1-29-99 615-373-1951  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

\* This is the same person. He signed it HARRIS O. YATES AKA OLIVER YATES. He is president

CR2E037 (1/198)