

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 25, 2002 8:00 am**  
**Secretary of State**

03-25-2002 90012 005 \*\*\*\*61.25

**DOCUMENT # F97000003076**

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **58-1519894**

Applied For

Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>C</b>	<input type="checkbox"/> Delete
NAME	<b>STEVENS, TURNEY</b>	
STREET ADDRESS	<b>2416 MCINTYRE COURT</b>	
CITY-ST-ZIP	<b>FRANKLIN TN 37069</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>BM</b>	<input type="checkbox"/> Delete
NAME	<b>BORNSTE, JOHN</b>	
STREET ADDRESS	<b>6316 WILDWOOD VALLEY DRIVE</b>	
CITY-ST-ZIP	<b>BRENTWOOD TN 37027</b>	
TITLE	<b>BM</b>	<input type="checkbox"/> Delete
NAME	<b>EZELL, STAN</b>	
STREET ADDRESS	<b>946 JUNE BLVD</b>	
CITY-ST-ZIP	<b>NASHVILLE TN 37220</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Bornstein</i>	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<i>946 Tyne Blvd.</i>	
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert Lytle Thomas*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*8 March 02 615-255-1726*  
 Date Daytime Phone #

CR2E037 (9/01)