


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90241 032 ****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

20044019



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

04282006 Chg-NP CR2E037 (4/06)

4. FEI Number
~~68-4540804~~ 62-1274899

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 NATIONSCORP REGISTERED AGENTS, INC.
 1574 VILLAGE SQUARE BLVD
 SUITE 100
 TALLAHASSEE, FL 32309

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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C STEVENS, TURNEY 2416 MCINTYRE COURT FRANKLIN, TN 37069	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD YATES, OLIVER 5214 MEADOW LAKE RD. BRENTWOOD, TN 37027	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S EVERSON, SHAWN 615 GRANNY WHITE PK. BRENTWOOD, TN 37027	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	J SUTTON, JIM 1166 ECHO LN FRANKLIN, TN 37069	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM MOORE, LEWIS 812 SNEED RD. FRANKLIN, TN 37069	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM CURRY, JEFF 4019 BREAKWATER DR. HIXON, TN 37343	<input type="checkbox"/> Delete


11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SM Buck Dozier 624 Ronnie Road Madison, TN 37115-2568	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Tom Barry 933A Caldwell Lane Nashville, TN 37215-3690	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Frank Ryan 4400 Belmont Park Terrace Apt. 211 Nashville, TN 37215-3690	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ED Lytle Thomas 132 McCall Street Nashville, TN 37211	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SM Robert Swindell 5900 River Oaks Road Brentwood, TN 37027	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SM Jeff Hunter 343 Franklin Road #103 Brentwood, TN 37027	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: MORE - SEE PG. 2 ATTACHED Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F97000003076 1. Entity Name NASHVILLE INNER CITY MINISTRY, INC.	
---	---

ATTACHMENT

20044019



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
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	

04282006 Chg-NP CR2E037 (4/06)

4. FEI Number ~~58-1519894~~ 62-1274899 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent NATIONSCORP REGISTERED AGENTS, INC. 1574 VILLAGE SQUARE BLVD SUITE 100 TALLAHASSEE, FL 32309	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
---	---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C STEVENS, TURNEY 2416 MCINTYRE COURT FRANKLIN, TN 37069	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sm Steve Flatt 4011 Overbrook Drive Nashville, TN 37204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD YATES, OLIVER 5214 MEADOW LAKE RD. BRENTWOOD, TN 37027	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S EVERSON, SHAWN 615 GRANNY WHITE PK. BRENTWOOD, TN 37027	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	pl SUTTON, JIM 1166 ECHO LN FRANKLIN, TN 37069	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM MOORE, LEWIS 812 SNEED RD. FRANKLIN, TN 37069	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM CURRY, JEFF 4019 BREAKWATER DR. HIXON, TN 37343	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Charles K Newsom - Business Manager 5/1/06 (615) 255-1726 x20
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Charles K Newsom