

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000003076

FILED
Apr 24, 2007
Secretary of State

Entity Name: NASHVILLE INNER CITY MINISTRY, INC.

Current Principal Place of Business:

185 ANTHES DR.
NASHVILLE, TN 37210

New Principal Place of Business:

Current Mailing Address:

185 ANTHES DR.
NASHVILLE, TN 37210

New Mailing Address:

FEI Number: 62-1274899 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NATIONSCORP REGISTERED AGENTS, INC.
1574 VILLAGE SQUARE BLVD
SUITE 100
TALLAHASSEE, FL 32309 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: STEVENS, TURNEY
Address: 2416 MCINTYRE COURT
City-St-Zip: FRANKLIN, TN 37069

Title: PD () Delete
Name: BARRY, TOM
Address: 9334 CALDWELL LN
City-St-Zip: NASHVILLE, TN 372153690

Title: T () Delete
Name: RYAN, FRANK
Address: 4400 BELMONT PRK TERR APT 211
City-St-Zip: NASHVILLE, TN 372153690

Title: T () Delete
Name: SUTTON, JIM
Address: 1166 ECHO LN
City-St-Zip: FRANKLIN, TN 37069

Title: BM () Delete
Name: MOORE, LEWIS
Address: 812 SNEED RD.
City-St-Zip: FRANKLIN, TN 37069

Title: BM () Delete
Name: CURRY, JEFF
Address: 4019 BREAKWATER DR.
City-St-Zip: HIXON, TN 37343

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES K. NEWSOM

MGR

04/24/2007

Electronic Signature of Signing Officer or Director

_____ Date