


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90246 015 ****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 - No P.O. Box # 		3. Mailing Address 			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State 		City & State 			
Zip 		Country 		4. FEI Number 62-1274899	
5. Certificate of Status Desired <input type="checkbox"/>		\$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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <div> C STEVENS, TURNEY 2416 MCINTYRE COURT FRANKLIN, TN 37069 </div> <div> <input checked="" type="checkbox"/> Delete </div> </div>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <div> PD BARRY, TOM 9334 CALDWELL LN NASHVILLE, TN 372153690 </div> <div> <input type="checkbox"/> Delete </div> </div>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <div> T RYAN, FRANK 4400 BELMONT PRK TERR APT 211 NASHVILLE, TN 372153690 </div> <div> <input type="checkbox"/> Delete </div> </div>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <div> T SUTTON, JIM 1166 ECHO LN FRANKLIN, TN 37069 </div> <div> <input type="checkbox"/> Delete </div> </div>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <div> BM MOORE, LEWIS 812 SNEED RD. FRANKLIN, TN 37069 </div> <div> <input type="checkbox"/> Delete </div> </div>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <div> BM CURRY, JEFF 4019 BREAKWATER DR. HIXON, TN 37343 </div> <div> <input type="checkbox"/> Delete </div> </div>				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <div> C Buck Dozier 624 Ronnie Rd Madison, TN 37115 </div> <div> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </div> </div>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <div> </div> <div> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div> </div>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> <div> </div> <div> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div> </div>				
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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: <i>Charles T. Newsom</i> Charles T. Newsom <i>4/30/08 (615) 255-1776 x70</i>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					