


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		01242008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 62-1274899	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
NATIONSCORP REGISTERED AGENTS, INC. 1574 VILLAGE SQUARE BLVD SUITE 100 TALLAHASSEE, FL 32309			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 _____					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	C	<input checked="" type="checkbox"/> Delete	TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEVENS, TURNEY		NAME	Duck Dozier	
STREET ADDRESS	2416 MCINTYRE COURT		STREET ADDRESS	624 Ronnie Rd	
CITY-ST-ZIP	FRANKLIN, TN 37069		CITY-ST-ZIP	Madison, TN 37115	
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARRY, TOM		NAME		
STREET ADDRESS	9334 CALDWELL LN		STREET ADDRESS		
CITY-ST-ZIP	NASHVILLE, TN 372153690		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RYAN, FRANK		NAME		
STREET ADDRESS	4400 BELMONT PRK TERR APT 211		STREET ADDRESS		
CITY-ST-ZIP	NASHVILLE, TN 372153690		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUTTON, JIM		NAME		
STREET ADDRESS	1166 ECHO LN		STREET ADDRESS		
CITY-ST-ZIP	FRANKLIN, TN 37069		CITY-ST-ZIP		
TITLE	BM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, LEWIS		NAME		
STREET ADDRESS	812 SNEED RD.		STREET ADDRESS		
CITY-ST-ZIP	FRANKLIN, TN 37069		CITY-ST-ZIP		
TITLE	BM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURRY, JEFF		NAME		
STREET ADDRESS	4019 BREAKWATER DR.		STREET ADDRESS		
CITY-ST-ZIP	HIXON, TN 37343		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: <i>Charles T. Newsom</i>			Date: 4/30/08 (615) 255-1776X 70		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		