## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthan

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # N9300005100 (3)

## THE MARY E. MAY INTERCESSORY PRAYER LINE MINISTR Y, INC.

Principal Place of Business Mailing Address



Principal Place	e or Business	Mailing Address						
4810 N. 24TH TAMPA FL 3:		4810 N. 24TH ST. Tampa Fl. 33610						
					3. Date Incorporated or Qualified 11/12/1993	_	of Last Report /27/1995	
Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied I	For	
21		26		<b>59-3243159</b> Not Applic		olicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	<b>├</b> ── <b>1</b>		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	e	City & State			6. Election Campaign Financing		\$5.00 May I	Be
3		28	<del></del>		Trust Fund Contribution		Added to Fee	-
Zip <b>4</b>	Country	Zip	Country	'	8. This corporation has liability for in			:2,
4	25 9. Name and Address of Curr	29 29 Anent	30		Florida Statutes  Yes No  10. Name and Address of New Registered Agent			
	5. Haine and Address of Our	ent negistered Agent	81	Name	10. Name and Address of New Ne	gistered Age	2111	
MAY M	ADV E							
MAY, MARY E 4810 N. 24TH ST.			82	Street Add	ldress (P.O. Box Number is Not Acceptable)			
			83					
• IAMPA	FL 33610		63					
			84	City		<b>F</b> 1	35 Zip Code	
4. 5	A	00 10474500 5: 11 5		L	valon submits this statement for the purp ard of directors. I hereby accept the appoi	FL [		
SIGNATURE .	Signature, typed or printed came of registrand a	perfarente Papphalie (	NOTE: Begistered Age	it signature requir	COMPORTATIONS CHANGES TO OFFICE	DATE :	BECTORS IN 1	10
T:TLE	<b>p</b>	DELETE	1 1 TITLE		MODITIONS CLIMINATES TO CATTE	· · · · · · · · · · · · · · · · · · ·	Change	
NAME	MAY, MARY E		1.2 NAME			. الــا	mange [] No	20111011
STREET ADDRESS	4812 N. 24TH ST.		1 3 STREET	TATIONESS				
CITY - ST - ZIP	TAMPA FL 33610		1.4 C(TY - 5					
TITLE	V	DELETE	2.1 TOLE				Change	ddition
NAME	BROWN, OZIE L		2 2 NAME					
STREET ADDRESS	8271 MALVER CR.		2 3 STREET	ADDRESS				
CITY - ST - ZIP	TAMPA FL 33634		2 4 C(TY-					
title	S	DELETE	3 1 TITLE				Change	ddition
NAME	MUTCHERSON, OLLIE		3.2 NAME					
STREET ADDRESS	4808 N. 24TH ST.		3.3 STREET	ADDRESS				
CITY - ST - ZIF	TAMPA FL 33610		34 CHTY-	S1 - ZIP				
TITLE	D	DELETE					Change 🔲 Adi	Idition
NAME	REDDIN, LAFRAN		4 2 NAMÉ					
STREET ADDRESS	405 E. PALM AVE.		43 STREET					
CITY-ST-ZIP TITLE	TAMPA FL 33602	□ DELETE	4 4 CITY - 5	ST - ZIP			Change	dation
	DEMOSEY IOSEDUME	[_]DELETE	5.1 THE				Change 🔲 Adi	ווטוויטג
NAME	DEMPSEY, JOSEPHINE	חב	5.2 NAME	*200500				
STREET ADDRESS	5102 BELMERE PKWY, #10	ci.	5.3 STREET					
CITY-ST-ZIP TITLE	TAMPA FL 33624	DELETE	5.4 CITY - S 6.1 TITLE	ol - ZIP		——————————————————————————————————————	Dange Ad	dd-tinn
NAME	DAWSON, JOAN	peccit	6.2 NAME		800000177	284	3" ",,	
STREET ADDRESS	3508 RIVER GROVE DR.		6.3 STREET	1	<b>-U4/U8/96U1U</b> 3	34017	1	10
	l			• • •	***61.25		Ч	1 . 0
CHTY - ST - ZIP	TAMPA FL 33610		6.4 CI*Y - S	91 - ZIP				

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dayfine Pliche