

FILE NOW: FILING FEE IS \$61.25

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Mar 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000005100 (3)
1. Corporation Name
THE MARY E. MAY INTERCESSORY PRAYER LINE MINISTR Y, INC.



Principal Place of Business 4810 N. 24TH ST. TAMPA FL 33610	Mailing Address 4810 N. 24TH ST. TAMPA FL 33610-6212
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3. Date Incorporated or Qualified 11/12/1993	3a. Date of Last Report 04/08/1996
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt #, etc. 22	Suite, Apt #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

4. FEI Number 59-3243159	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MAY, MARY E
4810 N. 24TH ST.
TAMPA FL 33610**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> DELETE
NAME	MAY, MARY E
STREET ADDRESS	4812 N. 24TH ST.
CITY-ST-ZIP	TAMPA FL 33610
TITLE	V <input type="checkbox"/> DELETE
NAME	BROWN, OZIE L
STREET ADDRESS	8271 MALVER CR.
CITY-ST-ZIP	TAMPA FL 33634
TITLE	S <input type="checkbox"/> DELETE
NAME	MUTCHERSON, OLLIE
STREET ADDRESS	4808 N. 24TH ST.
CITY-ST-ZIP	TAMPA FL 33610
TITLE	D <input type="checkbox"/> DELETE
NAME	REDDIN, LAFRAN
STREET ADDRESS	405 E. PALM AVE.
CITY-ST-ZIP	TAMPA FL 33602
TITLE	D <input type="checkbox"/> DELETE
NAME	DEMPSEY, JOSEPHINE
STREET ADDRESS	5102 BELMERE PKWY, #105
CITY-ST-ZIP	TAMPA FL 33624
TITLE	D <input type="checkbox"/> DELETE
NAME	DAWSON, JOAN
STREET ADDRESS	3508 RIVER GROVE DR.
CITY-ST-ZIP	TAMPA FL 33610

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ **Signature Required** *Mary E May 3-3-97 813238116*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0047731

CP2E037 (9/96)