

FILED
Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90037 043 ****61.25
 08-03-1999 90006 029 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



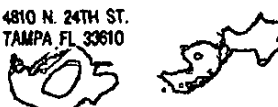
FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N93000005100

1. Corporation Name
THE MARY E. MAY INTERCESSORY PRAYER LINE MINISTRY, INC.

Principal Place of Business: 4810 N. 24TH ST. TAMPA FL 33610

Mailing Address: 4810 N. 24TH ST. TAMPA FL 33610




21. Principal Place of Business 15312 Winding Creek DR	2a. Mailing Address 15312 Winding Creek DR	3. Date Incorporated or Qualified 11/12/1993
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-3243159
23. City & State TAMPA FL	27. City & State TAMPA FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24. Zip 33613	29. Zip 33613	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
25. Country USA	30. Country USA	

8. Name and Address of Current Registered Agent MAY, MARY E 4810 N. 24TH ST. TAMPA FL 33610	81. Name May, Mary E
	82. Street Address (P.O. Box Number is Not Acceptable) 15312 Winding Creek DR
	83.
	84. City TAMPA
	85. FL
	86. Zip Code 33613

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 registering) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE	1.1 TITLE May, Mary E	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MAY, MARY E		1.2 NAME	
STREET ADDRESS 4812 N. 24TH ST.		1.3 STREET ADDRESS 15312 Winding Creek Dr	
CITY-ST-ZIP TAMPA FL 33610		1.4 CITY-ST-ZIP Tampa, FL 33613	
TITLE V	<input type="checkbox"/> DELETE	2.1 TITLE Shirley Monroe	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BROWN, OZIE L		2.2 NAME	
STREET ADDRESS 8271 MALVER CR.		2.3 STREET ADDRESS 9010 Ardale Circle	
CITY-ST-ZIP TAMPA FL 33634		2.4 CITY-ST-ZIP Tampa FL 33634	
TITLE S	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MUTCHERSON, OLLIE		3.2 NAME	
STREET ADDRESS 4808 N. 24TH ST.		3.3 STREET ADDRESS	
CITY-ST-ZIP TAMPA FL 33610		3.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME REDDIN, LAFRAN		4.2 NAME	
STREET ADDRESS 405 E. PALM AVE.		4.3 STREET ADDRESS	
CITY-ST-ZIP TAMPA FL 33602		4.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE Mary Smith	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DEMPSEY, JOSEPHINE		5.2 NAME	
STREET ADDRESS 5102 BELMERE PKWY, #105		5.3 STREET ADDRESS 6243 Allene Ave SW	
CITY-ST-ZIP TAMPA FL 33624		5.4 CITY-ST-ZIP Atlanta, GA 30310	
TITLE D	<input type="checkbox"/> DELETE	6.1 TITLE Carolyn Dixon	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME DAWSON, JOAN		6.2 NAME	
STREET ADDRESS 3508 RIVER GROVE DR.		6.3 STREET ADDRESS P.O. Box 6421	
CITY-ST-ZIP TAMPA FL 33610		6.4 CITY-ST-ZIP Tallahassee FL 32314	

14. I 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, with all other like empowered.

SIGNATURE: Signature Required Date: 7-12-1999 Daytime Phone # _____

CR2E037 (5/99)