

4/17

FILED
May 22, 2001 8:00 am
Secretary of State

04-17-2001 90041 022 ****61.25

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000005100

1. Entity Name

THE MARY E. MAY INTERCESSORY PRAYER LINE MINISTR

Principal Place of Business

15312 WINDING CREEK DR
TAMPA FL 33613
US

Mailing Address

15312 WINDING CREEK DR
TAMPA FL 33613
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3243159

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

MAY, MARY E
15312 WINDING CREEK DR
TAMPA FL 33613

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> Delete |
| NAME | MAY, MARY E | |
| STREET ADDRESS | 15312 WINDING CREEK DR | |
| CITY-ST-ZIP | TAMPA FL 33613 | |
| 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 | MONROE, SHIRLEY | |
| STREET ADDRESS | 9010 ARDALE CIR | |
| CITY-ST-ZIP | TAMPA FL 33634 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | DAWSON, JOAN | |
| STREET ADDRESS | 3508 RIVER GROVE DR. | |
| CITY-ST-ZIP | TAMPA FL 33610 | |

| | | |
|----------------|-------------------------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Reddin, LAFRAN | |
| STREET ADDRESS | 6922 Temple Oaks Box 12 | |
| CITY-ST-ZIP | TAMPA, FLA 33617 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. 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 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: **SIGNATURE REQUIRED Mary E. May** 4/28/01 813.964.1164
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

MARY E. MAY

CP2E037 (10/00)