

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90005 011 ****61.25

DOCUMENT # N93000005100

1. Entity Name
**THE MARY E. MAY INTERCESSORY PRAYER LINE MINISTR
 Y, INC.**

Principal Place of Business 15312 WINDING CREEK DR TAMPA FL 33613 US	Mailing Address 15312 WINDING CREEK DR TAMPA FL 33613 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3243159		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
MAY, MARY E 15312 WINDING CREEK DR TAMPA FL 33613				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.

SIGNATURE: MARY E MAY
 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. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MAY, MARY E		NAME				
STREET ADDRESS	15312 WINDING CREEK DR		STREET ADDRESS				
CITY-ST-ZIP	TAMPA FL 33613		CITY-ST-ZIP				
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BROWN, OZIE L		NAME				
STREET ADDRESS	8271 MALVER CR.		STREET ADDRESS				
CITY-ST-ZIP	TAMPA FL 33634		CITY-ST-ZIP				
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MUTCHERSON, OLLIE		NAME				
STREET ADDRESS	4808 N. 24TH ST.		STREET ADDRESS				
CITY-ST-ZIP	TAMPA FL 33610		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	REDDIN, LAFRAN		NAME				
STREET ADDRESS	405 E. PALM AVE.		STREET ADDRESS				
CITY-ST-ZIP	TAMPA FL 33602		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MONROE, SHIRLEY		NAME				
STREET ADDRESS	9010 ARDALE CIR		STREET ADDRESS				
CITY-ST-ZIP	TAMPA FL 33634		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	DAWSON, JOAN		NAME				
STREET ADDRESS	3508 RIVER GROVE DR.		STREET ADDRESS				
CITY-ST-ZIP	TAMPA FL 33610		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: MARY E MAY **REQUIRED** 2/11/02 813964-1165
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)