

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 29, 2006
Secretary of State**

DOCUMENT# N93000005100

Entity Name: THE MARY E. MAY INTERCESSORY PRAYER LINE MINISTRY, INC.

Current Principal Place of Business:

15312 WINDING CREEK DR
TAMPA, FL 33613 US

New Principal Place of Business:

Current Mailing Address:

15312 WINDING CREEK DR
TAMPA, FL 33613 US

New Mailing Address:

FEI Number: 59-3243159 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

MAY, MARY E
15312 WINDING CREEK DR
TAMPA, FL 33613 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MAY, MARY E
Address: 15312 WINDING CREEK DR
City-St-Zip: TAMPA, FL 33613

Title: V () Delete
Name: BROWN, OZIE L
Address: 8271 MALVER CR.
City-St-Zip: TAMPA, FL 33634

Title: S () Delete
Name: PATRICK, FAYE
Address: 3414 E. LAMBRIGHT ST.
City-St-Zip: TAMPA, FL 33610

Title: S () Delete
Name: BEST, WYNIE
Address: 9010 ARNDALE CIR.
City-St-Zip: TAMPA, FL 33615

Title: D () Delete
Name: MONROE, SHIRLEY
Address: 18204 BRELAND DR.
City-St-Zip: HUDSON, FL 34667

Title: D () Delete
Name: DAWSON, JOAN
Address: 3508 RIVER GROVE DR.
City-St-Zip: TAMPA, FL 33610

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WYNIE BEST

Electronic Signature of Signing Officer or Director

S

04/29/2006

Date