

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-17-2003 90665 001 ****61.25

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DOCUMENT # N93000005100

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



Principal Place of Business Mailing Address
**15312 WINDING CREEK DR 15312 WINDING CREEK DR
TAMPA FL 33613 TAMPA FL 33613
US US**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip, Country

4. FEI Number **59-3243159** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional
Fee Required**



CHECK HERE IF MAKING CHANGES

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
Florida 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	
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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: *MARY E MAY* 3/12/03 964-1165

CR2E037 (10/02)