

**2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N23000004998

**Entity Name:** MAY DAY GROUP, INC**Current Principal Place of Business:**1113 NW 14TH STREET  
CHIEFLAND, FL 32626**Current Mailing Address:**105 ROGERS BLVD #117  
CHIEFLAND, FL 32626 US**FEI Number:** 92-3693796**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MONYEI, ALICE  
1113 NW 14TH STREET  
CHIEFLAND, FL 32626 US*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**Officer/Director Detail :**

Title	PRES
Name	MONYEI, ALICE
Address	1113 NW 14TH STREET
City-State-Zip:	CHIEFLAND FL 32626

Title	VP
Name	JONES, LAWANDA
Address	P.O. BOX 404
City-State-Zip:	CHIEFLAND FL 32644

Title	TREASURER
Name	JONES, CECILIA
Address	217 SW 3RD STREET
City-State-Zip:	CHIEFLAND FL 32626

Title	TREASURER #2
Name	BROWN, BERNEDETTE
Address	838 NW 3RD AVENUE
City-State-Zip:	TRENTON FL 32693

Title	SECRETARY
Name	VALERIE BUIE
Address	1113 NW 14TH STREET
City-State-Zip:	CHIEFLAND FL 32626

Title	PARLIAMENTARY
Name	IRMA MAXWELL-PHILLIPS
Address	1113 NW 14TH STREET
City-State-Zip:	CHIEFLAND FL 32626

Title	CHAPLAIN
Name	MIN. SEBRENAH PHILLIPS
Address	1113 NW 14TH STREET
City-State-Zip:	CHIEFLAND FL 32626

Title	CHAPLAIN #2
Name	FRANKLIN SCHULER
Address	470 MAIN STREET
City-State-Zip:	BRONSON FL 32621

*I hereby 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 all other like empowered.*

**SIGNATURE:** ALICE MONYEI**PRESIDENT****03/26/2025**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date