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**May 12, 1999 8:00 am**  
**Secretary of State**

05-12-1999 90008 024 \*\*\*\*61.25

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N03779**

1. Corporation Name

**MARIE BROWN MINISTRIES, INC.**

Principal Place of Business

% DANIEL C. FREEMAN, JR.  
5200 SOUTH U.S. HIGHWAY 17 - 92  
CASSELBERRY FL 32707

Mailing Address

% DANIEL C. FREEMAN, JR.  
5200 SOUTH U.S. HIGHWAY 17 - 92  
CASSELBERRY FL 32707



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

06/19/1984

4. FEI Number

59-2423649

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

FREEMAN, DANIEL C., JR.  
5200 SOUTH U.S. HIGHWAY 17 - 92  
CASSELBERRY FL 32707

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **P BROWN, MARIE**  
STREET ADDRESS **6722 S PEORIA, #513**  
CITY-ST-ZIP **TULSA OK**

TITLE ☐ DELETE

NAME **DV LOVERN, PATSY**  
STREET ADDRESS **40781 N 4009 DRIVE**  
CITY-ST-ZIP **COLLINSVILLE OK**

TITLE ☐ DELETE

NAME **DST LOWERY, MARSHA G.**  
STREET ADDRESS **4131 E. 28TH PLACE**  
CITY-ST-ZIP **TULSA OK**

TITLE ☐ DELETE

NAME **D OSBORN, SAM**  
STREET ADDRESS **5132 S. ATLANTA**  
CITY-ST-ZIP **TULSA OK**

TITLE ☐ DELETE

NAME **D ANTHONY, CHYANNA**  
STREET ADDRESS **11404 N FRANKLIN**  
CITY-ST-ZIP **JENKS OK**

TITLE ☒ DELETE

NAME **D ANTHONY, TERRY**  
STREET ADDRESS **11404 N FRANKLIN**  
CITY-ST-ZIP **JENKS OK**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **MARIE BROWN** REMARIE BROWN 4/12/99 918-743-8508

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

546706-90008-24  
ND3774

ADDITIONAL DIRECTOR----BLOCK #12

D  
TREGONING, SUSAN  
5818 EAST 35th  
TULSA, OKLAHOMA