

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03779

FILED
May 03, 2006
Secretary of State

Entity Name: MARIE BROWN MINISTRIES, INC.

Current Principal Place of Business:

% DANIEL C. FREEMAN, JR.
128 OXFORD RD
FERN PARK, FL 32730

New Principal Place of Business:

Current Mailing Address:

% DANIEL C. FREEMAN, JR.
128 OXFORD RD
FERN PARK, FL 32730

New Mailing Address:

FEI Number: 59-2423649 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

FREEMAN, DANIEL C., JR.
128 OXFORD RD
FERN PARK, FL 32730 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: BROWN, MARIE,
Address: 6722 S PEORIA, #513
City-St-Zip: TULSA, OK

Title: DV () Delete
Name: LOVERN, PATSY,
Address: 40781 N 4009 DRIVE
City-St-Zip: COLLINSVILLE, OK

Title: DST () Delete
Name: LOWERY, MARSHA G.,
Address: 5867 S. KINGSTON AVE.
City-St-Zip: TULSA, OK

Title: D () Delete
Name: OSBORN, SAM
Address: 5132 S. ATLANTA
City-St-Zip: TULSA, OK

Title: D () Delete
Name: ANTHONY, CHYANNA,
Address: 11404 N FRANKLIN
City-St-Zip: JENKS, OK

Title: D () Delete
Name: TREGONING, SUSAN
Address: 2645 S RICHMOND
City-St-Zip: TULSA, OK

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
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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: MARSHA LOWERY

DST

05/03/2006

Electronic Signature of Signing Officer or Director

_____ Date