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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

N03779

(8)

MARIE BROWN MINISTRIES, INC.

## FILED Mar 11 1998 8:00am Secretary of State

2. Principal Place of Business   2. Melling Address   2. Melling Addre		ce of Business	Mailing Address	<u>.</u>					
CASSELBERRY FL 32707						3. Date Incorporated or Qualified		·	
2. Principal Place of Business									
2. Principal Place of Business   2e. Melling Address   2e   S. Certificate of Status Desired   \$8.75 Additional Personal Place of Status Desired   \$8.75 Additional Personal Place of Status Desired   \$8.00   \$8.75 Additional Personal Place of Status Desired   \$8.00   \$8.								-	
Sulfe, Apt #, etc   Sulfe,	2. Principal F	Place of Business	2a Malling Address				59-2423649		
Suite, Apt #, etc.    Suite, Apt #, etc.   Suite, Apt #, etc.	21	Acc of Basilioss	├ <b>-</b> -ŋ ~				5. Certificate of Status Desired		
City & State   City		#, etc.					6. Election Campaign Financing		
28   29   30   20   20   20   20   20   20   20	22								
21p   22p   22p   30p   22p   30p   22p   30p   22p   30p		te	├ <del>-</del> ¬ '				· · · · · · · · · · · · · · · · · · ·		ion?
28		Country		T			<del> </del>		
FREEMAN, DANIEL C., JR. 5200 SOUTH U.S. HIGHWAY 17 - 92 CASSELBERRY FL 32707  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 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 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 spent agent. I am familiar with an advanced the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  Signuture, typed or printed name of registered spent and their applicable. (NOTE Registered Agent algorithe required when relinating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  POWN, MARIE  6710 S PEORIA 1312  12 STREET ADDRESS  OTIV-ST-ZIP  DV DELETE  21 TITLE  DV DELETE  21 TITLE  DV DELETE  21 TITLE  DV DELETE  21 TITLE  DV DELETE  22 STREET ADDRESS  18710 N 96TH E AVE  COLLINS/NULE OK  24 CHIV-ST-ZIP  COLLINS/NULE OK  24 CHIV-ST-ZIP  DATE  DATE  10 Change Addition  Addition  Addition  Change Addition	<u> </u>	— ·	<b>⊢</b>	<del></del>	intry				
FREEMAN, DANIEL C., JR. 5200 SOUTH U.S. HIGHWAY 17 - 92 CASSELBERRY FL 32707  83  64 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 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, are 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, are material and with an all accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  11/16 P  STREET ADDRESS  6710 S PECRIA 1312  12 NAME  BROWN, MARIE  12 NAME  12 NAME  14 City. St. 2/P  13 STREET ADDRESS  6710 S PECRIA 1312  13 STREET ADDRESS  6710 S PECRIA 1312  14 City. St. 2/P  TULSA OK  14 City. St. 2/P  15 NADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  16 Change  Addition  Addition  Addition  Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  17 NAME  18 NAME  19 DELETE  21 TITLE  DV  18 NAME  18 OV  NAR IE  18 O	[24]			1301	· · ·				Mai Mo
Section   Sect					B1	Name			
Second South U.S. Highway 17 - 92	FREEMA	AN, DANIEL C., JR.				Ctroot Addres	on (D.O. Boy Missels New Assessed Lab		
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 agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE    Signature, byred or printed name of registered agent and tallo if applicable   (NOTE Registered Agent algrature registered when reinstating)   DATE					02	Sheet Voote	ss (P.O. Box Number is Not Acceptable)		
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 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 tallo if applicable.   (NOTE Registered Agent alignature required when reinstating)   DATE	CASSEL	BERRY FL 32707		İ	83				
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 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 tallo if applicable.   (NOTE Registered Agent alignature required when reinstating)   DATE				ŀ	84	City		.   95   7ii	o Code
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SIGNATURE   Signature, typed or printed name of registered agent and tallo if applicable. (NOTE Registered Agent alignature required when reinstating)   DATE	11. Pursuant office or i	to the provisions of Sections 617.05 registered agent, or both, in the State	32 and 617.1508, Florida Statu e of Florida. Such change was	ites, the at	bove-	named corpo	ration submits this statement for the purposes board of directors. I bereby accept the	se of changing	Its registered
Signature, typed or printed name of registered agent and thic if applicable   (NOTE Registered Agent elignature required when reinstating)   DATE	agent. I e	am familiar with, and accept the oblig	ations of, Section 617.0503, F	Iorida Stat	utes.	ino corporatio	in a board or directors. Thereby accept the	appointment s	12 1881218180
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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 or an exagiment with an address.

**SIGNATURE:** 

CITY-ST-ZIP

**TULSA OK** 

MARIE BROWN

3/6/98

918-743-8508

ADDITIONAL DIRECTOR = FOR # 12

TRECENING, SUSAN 5818 E. 3544 TULSA OK

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