

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2004 08:00 AM
Secretary of State

DOCUMENT # N03779 1. Entity Name MARIE BROWN MINISTRIES, INC.	
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Principal Place of Business % DANIEL C. FREEMAN, JR. 5250 S US HWY 17/92 CASSELBERRY, FL 32707	Mailing Address % DANIEL C. FREEMAN, JR. 5250 S US HWY 17/92 CASSELBERRY, FL 32707
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04122004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2423649	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FREEMAN, DANIEL C., JR. 5250 S US HWY 17/92 CASSELBERRY, FL 32707
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**DO NOT WRITE
IN THIS SPACE**

8. 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 _____

**Filing Fee is \$61.25
Due by May 1, 2004**

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

U00000115670
04/16/04-80033-017 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BROWN, MARIE 6722 S PEORIA, #513 TULSA, OK
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LOVERN, PATSY 40781 N 4009 DRIVE COLLINSVILLE, OK
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST LOWERY, MARSHA G. 4131 E. 28TH PLACE TUISA, OK
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OSBORN, SAM 5132 S. ATLANTA TULSA, OK
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANTHONY, CHYANNA 11404 N FRANKLIN JENKS, OK
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TREGONING, SUSAN 2645 S RICHMOND TULSA, OK

**DO NOT WRITE
IN THIS SPACE**

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: Marsha G. Lowery Marsha G. Lowery 4/12/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #