

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03779

**Entity Name:** MARIE BROWN MINISTRIES, INC.**Current Principal Place of Business:**

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

**Current Mailing Address:**

P.O. BOX 6766  
COLUMBIA, SC 29260

**FEI Number: 59-2423649****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**

FREEMAN, DANIEL C., JR.  
128 OXFORD RD  
FERN PARK, FL 32730 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 P  
Name BROWN, HELEN M  
Address 6415 GILLCREEK ROAD  
City-State-Zip: COLUMBIA SC 29206

Title DV  
Name SHAMLIN, MICHELE L  
Address 3317 HOFFMER ROAD  
City-State-Zip: FLORENCE SC 29501

Title DST  
Name BROWN, ELAINE M  
Address 6415 GILLCREEK ROAD  
City-State-Zip: COLUMBIA SC 29206

Title D  
Name MCALLISTER, CAROLINE A  
Address 1089 ROCKY SPRINGS ROAD  
City-State-Zip: FREDERICK MD 21702

Title D  
Name ANTHONY, CHYANNA M  
Address 7143 EAST 10TH STREET  
City-State-Zip: TULSA OK 74112

Title D  
Name SANDERS, ERNESTINE M  
Address 188-34 ILLION AVENUE  
City-State-Zip: ST. ALBANS NY 11412

Title DIRECTOR  
Name BROWN, LISA  
Address 15-A TERRACE AVE.  
City-State-Zip: BRUNSWICK MD 21716

Title DIRECTOR  
Name MCALLISTER, DANIEL P.  
Address 1089 ROCKY SPRINGS ROAD  
City-State-Zip: FREDERICK MD 21702

**Continues on page 2**

*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: HELEN M BROWN****PRESIDENT****02/26/2015**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	DIRECTOR
Name	BROWN, HUBERT III
Address	15-A TERRACE AVE.
City-State-Zip:	BRUNSWICK MD 21716