#### 2018 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

**FILED** Jan 12, 2018

**Secretary of State** 

CC5063892071

#### Officer/Director Detail:

Title Title D

BROWN, HELEN M Name Name SHAMLIN, MICHELE L

Address 6415 GILLCREEK ROAD Address 70 KILLIAN LN

CHARLES TOWN WV 25414-4890 City-State-Zip: City-State-Zip: COLUMBIA SC 29206

Title Title DST

Name MCALLISTER. CAROLINE A Name BROWN, ELAINE M Address 1089 ROCKY SPRINGS ROAD Address 6415 GILLCREEK ROAD

FREDERICK MD 21702 City-State-Zip: COLUMBIA SC 29206 City-State-Zip:

Title Title

SANDERS, ERNESTINE M Name Name ANTHONY, CHYANNA M 188-34 ILLION AVENUE Address Address 7143 EAST 10TH STREET City-State-Zip: ST. ALBANS NY 11412

City-State-Zip: **TULSA OK 74112** 

Title DIRECTOR Title **DIRECTOR** 

Name MCALLISTER, DANIEL P. Name BROWN, LISA Address 1089 ROCKY SPRINGS ROAD Address 15-A TERRACE AVE.

City-State-Zip: FREDERICK MD 21702 BRUNSWICK MD 21716 City-State-Zip:

#### 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.

01/12/2018 SIGNATURE: HELEN M. BROWN **PRESIDENT** 

Electronic Signature of Signing Officer/Director Detail

Date

# Officer/Director Detail Continued:

Title DIRECTOR Title D

NameBROWN, HUBERT IIINameTREGONING, SUSANAddress15-A TERRACE AVE.Address22 MOONSHINE DRIVECity-State-Zip:BRUNSWICK MD 21716City-State-Zip:EVANSVILLE WI 53536