

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03779

**Entity Name:** MARIE BROWN MINISTRIES, INC.**Current Principal Place of Business:**6415 GILL CREEK RD  
COLUMBIA, SC 29206-4321**Current Mailing Address:**6415 GILL CREEK RD  
COLUMBIA, SC 29206-4321 US**FEI Number:** 59-2423649**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**OZER, JANICE L  
9925 MOORINGS DR  
JACKSONVILLE, FL 32257 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	DST
Name	BROWN, ELAINE M
Address	6415 GILLCREEK ROAD
City-State-Zip:	COLUMBIA SC 29206

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

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

Title	D
Name	SHAMLIN, MICHELE L
Address	3641 CHERRYWOOD ROAD
City-State-Zip:	FLORENCE SC 29501

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

Title	DIRECTOR
Name	BROWN, LISA
Address	601 E H STREET
City-State-Zip:	BRUNSWICK MD 21716

Title	DIRECTOR
Name	BROWN, HUBERT III
Address	601 E H STREET
City-State-Zip:	BRUNSWICK MD 21716

**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****01/06/2021**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title D  
Name TREGONING, SUSAN  
Address 22 MOONSHINE DRIVE  
City-State-Zip: EVANSVILLE WI 53536

Title DIRECTOR  
Name FRANCEN, KIMBERLY  
Address 3407 PEMAQUID ROAD  
City-State-Zip: LOUISVILLE KY 40218