

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 13 PM 1:37

DOCUMENT # N03779 (8)

1. Corporation Name

MARIE BROWN MINISTRIES, INC.

Principal Place of Business

Mailing Address

% DANIEL C. FREEMAN, JR.
5200 SOUTH U.S. HIGHWAY 17 - 92
CASSELBERRY FL 32707

% DANIEL C. FREEMAN, JR.
5200 SOUTH U.S. HIGHWAY 17 - 92
CASSELBERRY FL 32707

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/19/1984

3a. Date of Last Report

03/09/1994

4. FEI Number

59-2423649

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FREEMAN, DANIEL C., JR.
5200 SOUTH U.S. HIGHWAY 17 - 92
CASSELBERRY FL 32707

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when terminating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME BROWN, MARIE
STREET ADDRESS 6710 S PEORIA 1312
CITY- ST- ZIP TULSA OK

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

TITLE D
NAME LOVERN, PATSY
STREET ADDRESS 18710 N 96TH E AVE
CITY- ST- ZIP COLLINSVILLE OK

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

TITLE DST
NAME LOWERY, MARSHA G.
STREET ADDRESS 4131 E. 28TH PLACE
CITY- ST- ZIP TULSA OK

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

TITLE D
NAME OSBORN, DAISY WASHBURN
STREET ADDRESS 1400 E. SKELLY DRIVE
CITY- ST- ZIP TULSA OK

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

TITLE DV
NAME ANTHONY, CHYANNA
STREET ADDRESS 5129 S. UTICA, #18
CITY- ST- ZIP TULSA OK

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

TITLE D
NAME ANTHONY, TERRY
STREET ADDRESS 5129 S. UTICA, #18
CITY- ST- ZIP TULSA OK

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

Marie Brown
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARIE BROWN

1/30/95

918-743-8508