

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified

06/19/1984

3a. Date of Last Report

02/13/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

Country

29

Zip

30

Country

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE

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

11 TITLE ☐ Change ☐ Addition

12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE D ☐ DELETE

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

21 TITLE ☒ Change ☐ Addition

22 NAME LOVERN, PATSY
23 STREET ADDRESS 18710 N. 96th E. Ave
24 CITY-ST-ZIP COLLINSVILLE, OK

TITLE DST ☐ DELETE

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

31 TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE D ☒ DELETE

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

41 TITLE ☐ Change ☒ Addition

42 NAME OSBORN, SAM
43 STREET ADDRESS 5132 S. Atlanta
44 CITY-ST-ZIP TULSA, OK

TITLE DV ☐ DELETE

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

51 TITLE ☒ Change ☐ Addition

52 NAME ANTHONY, CHYANNA
53 STREET ADDRESS 5129 S. UTICA #18
54 CITY-ST-ZIP TULSA, OK

TITLE D ☐ DELETE

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

61 TITLE ☐ Change ☒ Addition

62 NAME TRECOWING, SUSAN
63 STREET ADDRESS 5818 E. 35th
64 CITY-ST-ZIP TULSA, OK

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 617, 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 2/9/96 918-743-8508

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)