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Mar 21 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N03779** (8)

1. Corporation Name

**MARIE BROWN MINISTRIES, INC.**

Principal Place of Business

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

Mailing Address

% DANIEL C. FREEMAN, JR.  
5200 SOUTH U.S. HIGHWAY 17 - 92  
CASSELBERRY FL 32707-3845

3. Date Incorporated or Qualified  
**06/19/1984**

3a. Date of Last Report  
**02/16/1996**

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

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 re-appointing)

DATE

12. OFFICERS AND DIRECTORS

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

TITLE **DV** ☐ DELETE  
NAME **LOVERN, PATSY**  
STREET ADDRESS **18710 N 98TH E AVE**  
CITY - ST - ZIP **COLLINSVILLE OK**

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

TITLE **D** ☐ DELETE  
NAME **OSBORN, SAM**  
STREET ADDRESS **5132 S. ATLANTA**  
CITY - ST - ZIP **TULSA OK**

TITLE **D** ☐ DELETE  
NAME **ANTHONY, CHYANNA**  
STREET ADDRESS **5129 S. UTICA, #18**  
CITY - ST - ZIP **TULSA OK**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☐ Change ☒ Addition  
1.2 NAME **SUSIE TREGONING**  
1.3 STREET ADDRESS **5818 East 35th**  
1.4 CITY - ST - ZIP **TULSA, OK 74135**

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

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

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

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

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 does not qualify for the exemption stated in Section 119.07(3)(i), 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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/18/97**  
Date

**918-743-8508**  
Daytime Phone # 0012870

CR2E037 (9/96)