

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 22, 2006 8:00 am**  
**Secretary of State**

05-22-2006 90046 017 \*\*\*\*75.00

**DOCUMENT # N44243**

1. Entity Name  
**JOYCE FROHLICH MINISTRIES, INC.**



Principal Place of Business  
**1808 HAMMOCK PINE BLVD.  
CLEARWATER, FL 33761**

Mailing Address  
**1808 HAMMOCK PINE BLVD.  
CLEARWATER, FL 33761**

**DO NOT WRITE IN THIS SPACE**



05012006 No Chg-NP

CR2E037 (4/06)

4. FEI Number  
**59-3080263**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**FROHLICH, JOYCE M REV  
1808 HAMMOCK PINE BLVD.  
CLEARWATER, FL 33761**

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution.



**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DCP  
FROHLICH, JOYCE M REV  
1808 HAMMOCK PINE BLVD.  
LARGO, FL 33761**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VTD  
FROHLICH, MARTIN L REV  
3108 THOMAS RD  
CLEARWATER, FL 33759**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**DM  
DAVIS, PAULINE  
360 WESTWINDS DR  
PALM HARBOR, FL 34683**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Rev. M. Joyce Frohlich*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #