

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2003 8:00 am
Secretary of State

05-21-2003 90188 012 *****70.00

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**

2. Principal Place of Business

1808 HAMMOCK PINE BLVD

3. Mailing Address

SAME

Suite, Apt. #, etc.

CLEARWATER, FL 33761

Suite, Apt. #, etc.

City & State

City & State

Zip

33761

Country

PINELLAS

Zip

Country

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**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DCP	<input type="checkbox"/> Delete
NAME	FROHLICH, JOYCE M REV	
STREET ADDRESS	1808 HAMMOCK PINE BLVD.	
CITY-ST-ZIP	LARGO FL 33761	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	FROHLICH, MARTIN L REV	
STREET ADDRESS	3108 THOMAS RD	
CITY-ST-ZIP	CLEARWATER FL 33759	
TITLE	DM	<input type="checkbox"/> Delete
NAME	DAVIS, PAULINE	
STREET ADDRESS	360 WESTWINDS DR	
CITY-ST-ZIP	PALM HARBOR FL 34683	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I 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 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** 727 723 7522

CR2E037 (10/02)