

**2021 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N20000001130

**Entity Name:** CHRYSALIS CENTER FOR AUTISM CORP.

**Current Principal Place of Business:**

13750 WEST COLONIAL DRIVE, SUITE 350-121  
WINTER GARDEN, FL 34787

**Current Mailing Address:**

13750 WEST COLONIAL DRIVE, SUITE 350-121  
WINTER GARDEN, FL 34787 US

**FEI Number:** 84-4605480

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

UNITED STATES CORPORATION AGENTS, INC.  
5575 S. SEMORAN BLVD., SUITE 36  
ORLANDO, FL 32822 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name DIMANT, MATT  
Address 13750 WEST COLONIAL DRIVE, SUITE 350-121  
City-State-Zip: WINTER GARDEN FL 34787

Title D  
Name DIMANT, BRIDGETT  
Address 13750 WEST COLONIAL DRIVE, SUITE 350-121  
City-State-Zip: WINTER GARDEN FL 34787

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** BRIDGETT DIMANT

**OWNER**

**08/19/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date