FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 20 PM 2:24

DOCUMENT # 767021 (9)

1. Corporation Name
THE CHRYSALIS HOUSE, INC.

Principal Place of Business	Mailing Address
3021 AZEELE STREET P O BOX 10843 TAMPA FL 33679	3021 AZEELE STREET P.O. BOX 10843, N/A TAMPA F. 33679 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/16/1983
3a. Date of Last Report: 02/07/1994
4. FEI Number: 59-2288756 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status X (21) $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 5904 S. SWITZER AVE.	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: TAMPA, FL.	28 City & State: TAMPA, FL.
24 Zip	29 Zip
25 County: HILLSBOROUGH	30 County: HILLSBOROUGH

9. Name and Address of Current Registered Agent

HAYES, WILLIAM N.
603-A SO. GLEN AVE.
TAMPA FL 33609

10. Name and Address of New Registered Agent

31 Name: VIRGINIA M. WILSON
32 Street Address (P.O. Box Number is Not Acceptable): 4210 KEZAR LANE
33
34 City: TAMPA FL 35 Zip Code: 33624

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Virginia M. Wilson VIRGINIA M. WILSON, TREASURER 3-14-95
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	SD	1.1 TITLE	S/D	☒ Change ☐ Addition
NAME	HERBERT, PATRICIA	1.2 NAME	Lisann Chase	
STREET ADDRESS	19808 READING ROAD	1.3 STREET ADDRESS	8822 S. Lagoon St.	
CITY-ST-ZIP	LUTZ FL	1.4 CITY-ST-ZIP	Tampa, Fl., 33615	
TITLE	TD	2.1 TITLE	T/D	☒ Change ☐ Addition
NAME	HAYES, WILLIAM N.	2.2 NAME	Virginia M. Wilson	
STREET ADDRESS	603-A S. GLEN AVENUE	2.3 STREET ADDRESS	4210 Kezar Lane	
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	Tampa, Fl. 33624	
TITLE	D	3.1 TITLE	V/D	☒ Change ☐ Addition
NAME	HAWKINS, OUIDA	3.2 NAME	Alex Petrilak	
STREET ADDRESS	14626 VILLAGE GLEN CIR	3.3 STREET ADDRESS	4029 Priory Circle	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	Tampa, Fl. 33624	
TITLE	PD	4.1 TITLE	P/D	☒ Change ☐ Addition
NAME	PATRILAK, ALEX	4.2 NAME	Maureen Schaffhauser	
STREET ADDRESS	4029 PRIORY CIRCLE	4.3 STREET ADDRESS	13716 Walbrooke Dr.	
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP	Tampa, Fl. 33624	
TITLE	VPD	5.1 TITLE		☐ Change ☐ Addition
NAME	HALLENBECK, CAROLYN	5.2 NAME		
STREET ADDRESS	4630 LEONA STREET	5.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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)(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: Virginia M. Wilson 3-14-95 813-961-1126
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
VIRGINIA M. WILSON

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