

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90005 003 ****61.25

DOCUMENT # 767021
 1. Entity Name
THE CHRYSALIS HOUSE, INC.



Principal Place of Business Mailing Address
5904 S. SWITZER AVENUE **P.O. BOX 13872**
TAMPA FL 33611 **TAMPA FL 33681-3872**
US **US**



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country

1st MOORE CR2E037 (10/05)
 4. FEI Number **59-2288756** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
MULLIGAN, ANDREW J
8602 TANGLEVINE LANE
APT #103
TAMPA FL 33614

7. Name and Address of New Registered Agent
 Name **DIANA R. HABBE**
 Street Address (P.O. Box Number is Not Acceptable) **5009 W COLONIAL DR #3**
 City **TAMPA** FL Zip Code **33611**

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 **DIANA R. HABBE** *Diana R Habbe* **2/16/04**
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
Due By May 1, 2006

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 | DP | <input type="checkbox"/> Delete |
| NAME | RICE, BETSY J | |
| STREET ADDRESS | 5203 BAYSHORE BLVD. #12 | |
| CITY-ST-ZIP | TAMPA FL 33611 | |
| TITLE | DVP | <input type="checkbox"/> Delete |
| NAME | ROBINSON, REGGIE | |
| STREET ADDRESS | 16529 HUTCHINSON ROAD | |
| CITY-ST-ZIP | ODESSA FL 33556 | |
| TITLE | DT | <input checked="" type="checkbox"/> Delete |
| NAME | MULLIGAN, ANDREW J | |
| STREET ADDRESS | 8602 TANGLEVINE LANE APT #103 | |
| CITY-ST-ZIP | TAMPA FL 33614 | |
| TITLE | DS | <input checked="" type="checkbox"/> Delete |
| NAME | REZLER, PRED | |
| STREET ADDRESS | 12902 PITTSFIELD AVENUE | |
| CITY-ST-ZIP | TAMPA FL 33624 | |
| 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 | | |
| TITLE | DT | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DIANA R HABBE | |
| STREET ADDRESS | 5009 W COLONIAL DR #3 | |
| CITY-ST-ZIP | TAMPA FL 33611-3737 | |
| TITLE | DS | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KATHY KLINE | |
| STREET ADDRESS | 13559 AVISTA DR | |
| CITY-ST-ZIP | TAMPA FL 33624 | |
| 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 | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Diana R Habbe* **DIANA R. HABBE** **2/16/04** (813) 831-8840
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Treasury Charge #