

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
TAMPA FL 33611
US

P.O. BOX 13872
TAMPA FL 33681-3872
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

7. Name and Address of New Registered Agent

MULLIGAN, ANDREW J
8602 TANGLEVINE LANE
APT #103
TAMPA FL 33614

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

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

Diana R. Habbe

(NOTE: Registered Agent signature required when resigning)

2/16/04

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
NAME RICE, BETSY J ☐ Delete
STREET ADDRESS 5203 BAYSHORE BLVD. #12
CITY-ST-ZIP TAMPA FL 33611

TITLE DVP
NAME ROBINSON, REGGIE ☐ Delete
STREET ADDRESS 16529 HUTCHINSON ROAD
CITY-ST-ZIP ODESSA FL 33556

TITLE DT ☒ Delete
NAME ~~MULLIGAN, ANDREW J~~
STREET ADDRESS ~~8602 TANGLEVINE LANE APT #103~~
CITY-ST-ZIP ~~TAMPA FL 33614~~

TITLE DS ☒ Delete
NAME REZLER, PRED
STREET ADDRESS ~~12902 PITTSFIELD AVENUE~~
CITY-ST-ZIP ~~TAMPA FL 33624~~

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME DIANA R HABBE
STREET ADDRESS 5009 W COLONIAL DR #3
CITY-ST-ZIP TAMPA FL 33611-3737

TITLE ☒ Change ☐ Addition
NAME KATHY KLINE
STREET ADDRESS 13559 AVISTA DR
CITY-ST-ZIP TAMPA FL 33624

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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

Telephone Number