

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 767021

FILED
Feb 16, 2009
Secretary of State

Entity Name: THE CHRYSALIS HOUSE, INC.

Current Principal Place of Business:

5904 S. SWITZER AVENUE
TAMPA, FL 33611 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 13872
TAMPA, FL 336813872 US

New Mailing Address:

FEI Number: 59-2288756

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

REYNOLDS, DONALD
1340 BUCKINGHAM DRIVE
CLEARWATER, FL 33756 US

Name and Address of New Registered Agent:

REYNOLDS, DONALD E
1340 BUCKINGHAM DRIVE
CLEARWATER, FL 33756 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: DONALD E REYNOLDS

02/16/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: RICE, BETSY J
Address: 5203 BAYSHORE BLVD. #12
City-St-Zip: TAMPA, FL 33611

Title: DVP () Delete
Name: ROBINSON, REGGIE
Address: 16529 HUTCHINSON ROAD
City-St-Zip: ODESSA, FL 33556

Title: DT () Delete
Name: HABBE, DIANA R
Address: 5009 W. COLONIAL DR., #3
City-St-Zip: TAMPA, FL 336113737

Title: DS () Delete
Name: KLINE, KATHY
Address: 13559 AVISTA DRIVE
City-St-Zip: TAMPA, FL 33624

Title: DT (X) Delete
Name: REYNOLDS, DONALD
Address: 1340 BUCKINGHAM DR
City-St-Zip: CLEARWATER, FL 33756

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: HERBERT, PATRICIA M
Address: 6008 SOUTH SWITZER
City-St-Zip: TAMPA, FL 33611

Title: DVP (X) Change () Addition
Name: RICE, BETSY
Address: 5203 BAYSHORE BLVD. #12
City-St-Zip: TAMPA, FL 33611

Title: DT (X) Change () Addition
Name: REYNOLDS, DONALD E
Address: 1340 BUCKINGHAM DR
City-St-Zip: CLEARWATER, FL 33756

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: DONALD E REYNOLDS

DT

02/16/2009

Electronic Signature of Signing Officer or Director

Date