2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)



FILED
Mar 10, 2003 8:00 am

| 1. Entity Name  GULF COAST CHRYSALIS, INC.   |  |  |                          |   |   | T  |   | }.<br>  | 03-10-20   |                                 | •                | DI <b>St</b><br>28 ****6                                |                                   |          |
|--|--|--|--------------------------|---|---|--|---|---|--|---------------------------------|------------------|---|-----------------------------------|----------|
| Principal Pla  | lace of Busines  | SS   | Mailing                  | Address   |   |  | ,   | <u> </u><br>  |  |                                 |                  |   |                                   |          |
| 13 S.E. 21ST PLACE   |  |  |                          | P.O. BOX 150044<br>CAPE CORAL FL 33915-0044                           |   |  |   | ·   |  |                                 |                  |   |                                   |          |
| 2. Principal   | I Place of Busi  | ness   | 3. Mailir                | ng Address  |   |  |   |   |  |                                 |                  |   |                                   |          |
| ]4]8   | SE 23rd  | Street   | <b>91</b> 1710.111       | Same as above   |   |  |   | 1 18 8 1 1 1 1  | )  |                                 | enn eenn e       |   |                                   | !        |
| Suite, Ap  | ot. #, etc.  |  | Suite                    | e, Apt. #, etc.   |   |  | ;   |   | ☐ CHECK H  | IERE IF                         | MAKIN            | G CHANGE  | ES                                |          |
| City & Sta<br>Cape (   | <sub>ate</sub><br>Coral I  | 71.  | City                     | City & State  |   |  | -   | INOT ALL ELOADEL  |  |                                 |                  |   | Applied For                       | -        |
| Zip<br>33990   |  | Country<br>USA   | Zip                      |   | Coun  | ntry   | ·· .  | 5. Certificate of   | of Status Desi   | ired                            |                  | \$8.75  |                                   | able     |
| · · · · · · · · · · · · · · · · · · ·  | 6. Name  | and Address of Curre   | nt Registered            | Agent   | 1   | -  |   | 7. Name and   | Address of N   | low Ro                          | aletorod         | Fee Requ  | ired                              | -        |
|  |  |  |                          | _   |   | Name   | 7   |   |  |                                 | gistereu         | Agent   |                                   |          |
| DUGAN, TERESA L<br>1407 NE 21 PL   |  |  |                          |   | -   | Nancy Redecker Street Address (R.O. Bax Number is Not Acceptable) 1418 SE 2310 Street  |   |   |  |                                 |                  |   |                                   | $\dashv$ |
| CAPE C   | ORAL FL 33   | 909  |                          |   |   |  | <del>; -</del>  |   | ·  |                                 |                  |   | · · · · ·                         | 一        |
|  |  |  |                          |   | 1   | Cape_1<br>City   | Cora]   |   | <u></u>  |                                 | FL               | 3399<br>Zip Co  |                                   | $\dashv$ |
| 8. The above the obligation of the statement of the state | e named entit<br>ations of regist  | submits this statement<br>gred agent.  | t for the purpos         | se of changing its  | s registered  | office or  | registere   | d agent, or both  | , in the State   | of Florid                       | da. Iam          | familiar wit  | h, and acce                       | ept      |
| ,<br>SIGNATURE   | Wr   | edecke   | <b>Λ</b>                 | ncy Rede  | -l a  |  | ·   |   |  |                                 | 2/12             | (2002   |                                   |          |
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|  | orginalars, typos  | or printed name of registered age  | ent and title if applica | able. (NO   | TE: Registered A  | gent signatur  | e required v  | vhen reinstating)   |  |                                 | DATE             | 2003  |                                   | İ        |
| 4  | orginalars, typoo  | or printed name of registered age  | ent and title if applica | able. (NO   | TE: Registered A  | Agent signatur   | re required v   | vhen reinstating)   | ,  |                                 |                  |   |                                   |          |
| 3.   | 01111  | : FEE IS \$61.25   | ent and title if applica | 9. Election Ca  | TE: Registered A  | Agent signatur<br>ancing   | re required v   | \$5.00 May Be<br>Added to Fees  |  | Make                            | DATE  Chec       | k Payabl  |                                   |          |
| 3.   | 01111  | : FEE IS \$61.25   | ent and title if applica | 9. Election Ca  | TE: Registered A<br>impaign Fina<br>Contribution  | Agent signatur<br>ancing   | re required v   | \$5.00 May Be<br>Added to Fees  | , F  | Make<br>lorida                  | DATE  Chec Depar | k Payabletment of                                       | State                             |          |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 of 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 chapters.

Signature:

Nancy Redecker, Community Lay Director 239=565-1391

SIGNATURE:

Nancy Redecker, Community Lay Director 239=565-]39]