

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

**FILED**  
**Mar 10, 2003 8:00 am**  
**Secretary of State**

03-10-2003 90162 028 \*\*\*\*61.25

**DOCUMENT # N00000002911**

1. Entity Name

**GULF COAST CHRYSALIS, INC.**



Principal Place of Business

**13 S.E. 21ST PLACE  
CAPE CORAL FL 33990**

Mailing Address

**P.O. BOX 150044  
CAPE CORAL FL 33915-0044**

2. Principal Place of Business

**1418 SE 23rd Street**

3. Mailing Address

**Same as above**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Cape Coral FL.**

City & State

Zip

**33990**

Country

**USA**

Zip

Country

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**DUGAN, TERESA L  
1407 NE 21 PL  
CAPE CORAL FL 33909**

7. Name and Address of New Registered Agent

Name

**Nancy Redecker**

Street Address (P.O. Box Number is Not Acceptable)

**1418 SE 23rd Street**

**Cape Coral**

City

**33990**

**FL**

Zip Code

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

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

**Nancy Redecker Community Lay Director**

(NOTE: Registered Agent signature required when reinstating)

**2/13/2003**

DATE

**FILE NOW: FEE IS \$61.25**

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	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>WITT, ANDY</b>	
STREET ADDRESS	<b>3830 SE 3RD AVE</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL 33904</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>JYNELLA, WES</b>	
STREET ADDRESS	<b>18881 SLATER RD</b>	
CITY-ST-ZIP	<b>N FORT MYERS FL 33917</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DUGAN, TERESA L</b>	
STREET ADDRESS	<b>1407 NE 21ST-PLACE</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL 33909</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>ROZ, ROZ</b>	
STREET ADDRESS	<b>3606 SE 9TH PLACE</b>	
CITY-ST-ZIP	<b>CAPE CORAL FL 33904</b>	
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	<b>Assistant Community Lay Director</b>	<input checked="" type="checkbox"/> Addition
NAME	<b>Patrick Himschoot</b>	
STREET ADDRESS	<b>13425 4th Street SE</b>	
CITY-ST-ZIP	<b>Ft. Myers, FL 33905</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Pat Murphy</b>	
STREET ADDRESS	<b>PO box 1036</b>	
CITY-ST-ZIP	<b>Labelle, FL 33975</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Larry Krewson</b>	
STREET ADDRESS	<b>Wild Fig Lane</b>	
CITY-ST-ZIP	<b>Ft. Myers, FL 33919</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Joy Kelly</b>	
STREET ADDRESS	<b>PO BOX 3111</b>	
CITY-ST-ZIP	<b>N. Ft. Myers, FL 33918</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Bob Duncan</b>	
STREET ADDRESS	<b>4209 SW 14th Place</b>	
CITY-ST-ZIP	<b>Cape Coral, FL 33914</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Paulette Reese</b>	
STREET ADDRESS	<b>503 NE Juanita Pl.</b>	
CITY-ST-ZIP	<b>Cape Coral, FL 33909</b>	

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 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:

**REQUIRE**

**Nancy Redecker, Community Lay Director  
239-565-1391**

CR2E037 (10/02)