

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 28, 2001 08:00 AM****Secretary of State****DOCUMENT # N00000006737**1. Entity Name  
**CHRYSLIS MINISTRIES, INC.**Principal Place of Business  
1648 WALLACE RD.  
LUTZ FL 33549Mailing Address  
1648 WALLACE RD.  
LUTZ FL 33549

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

4. FEI Number  
**59-3452358**Applied For  
Not Applicable

Zip Country

Zip Country

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

SANDERS WILLIAM G  
1648 WALLACE RD.

LUTZ FL 33549

Name

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

City 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.

SIGNATURE **MERCY TRUJILLO****02/28/2001**

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

(NOTE: Registered Agent signature required when reinstalling)

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  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BARREDA JOSE	
STREET ADDRESS	4205 WOODLARK DR.	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SANDERS EMILY M	
STREET ADDRESS	1648 WALLACE RD.	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	D	<input type="checkbox"/> Delete
NAME	SANDERS WILLIAM B	
STREET ADDRESS	1648 WALLACE RD.	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	D	<input type="checkbox"/> Delete
NAME	SANDERS CHRISTINA M	
STREET ADDRESS	1648 WALLACE RD.	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	D	<input type="checkbox"/> Delete
NAME	SANDERS CINDY M	
STREET ADDRESS	1648 WALLACE RD.	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	D	<input type="checkbox"/> Delete
NAME	SANDERS WILLIAM G	
STREET ADDRESS	1648 WALLACE RD.	
CITY-ST-ZIP	LUTZ FL 33549	

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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARREDA JOSE	
STREET ADDRESS	4205 WOODLARK DRIVE	
CITY-ST-ZIP	TAMPA FL 33624	
TITLE	DVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRUJILLO GEORGE SR	
STREET ADDRESS	1711 FERRIS AVENUE	
CITY-ST-ZIP	TAMPA FL 33603	
TITLE	DS/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDERS CINDY M	
STREET ADDRESS	1648 WALLACE RD.	
CITY-ST-ZIP	LUTZ FL 33549	
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRUJILLO MERCY	
STREET ADDRESS	1711 FERRIS AVENUE	
CITY-ST-ZIP	TAMPA FL 33603	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Jose Bareda**

O/D

02/28/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)