2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2004
Secretary of State

DOCUMENT# N00000006737

Entity Name: CHRYSALIS MINISTRIES, INC.

Current Principal Place of Business:

1648 WALLACE RD.
LUTZ, FL 33549

New Principal Place of Business:

Current Mailing Address:

1648 WALLACE RD.
LUTZ, FL 33549

New Mailing Address:

FEI Number: 59-3452358 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SANDERS, WILLIAM G
1648 WALLACE RD.
LUTZ, FL 33549

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: TRUJILLO, MERCY
Address: 1711 FERRIS AVENUE
City-St-Zip: TAMPA, FL 33603

Title: DS/T ( ) Delete
Name: SANDERS, CINDY M
Address: 1648 WALLACE RD.
City-St-Zip: LUTZ, FL 33549

Title: DVP ( ) Delete
Name: TRUJILLO, GEORGE SR
Address: 1711 FERRIS AVENUE
City-St-Zip: TAMPA, FL 33603

Title: D ( ) Delete
Name: BARREDA, JOSE
Address: 4205 WOODLARK DRIVE
City-St-Zip: TAMPA, FL 33624

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 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 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: CINDY M. SANDERS D/ST 01/06/2004

Electronic Signature of Signing Officer or Director — Date