

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006737

FILED  
Jan 09, 2007  
Secretary of State

Entity Name: CHRYSALIS MINISTRIES, INC.

## Current Principal Place of Business:

1648 WALLACE RD.  
LUTZ, FL 33549

## New Principal Place of Business:

601 CHANNELSIDE WALK WAY  
1231  
TAMPA, FL 33602

## Current Mailing Address:

1648 WALLACE RD.  
LUTZ, FL 33549

## New Mailing Address:

601 CHANNELSIDE WALK WAY  
1231  
TAMPA, FL 33602

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 US

## Name and Address of New Registered Agent:

SANDERS, WILLIAM G  
601 CHANNELSIDE WALK WAY  
1231  
TAMPA, FL 33602 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:

01/09/2007

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DS/T (X) Change ( ) Addition  
Name: SANDERS, CINDY M  
Address: 601 CHANNELSIDE WALK WAY #1231  
City-St-Zip: TAMPA, FL 33602

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 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: CINDY M. SANDERS

DS/T

01/09/2007

Electronic Signature of Signing Officer or Director

Date