

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005613

FILED
Jun 12, 2004
Secretary of State

Entity Name: CHRYSALIS COMMUNITY, INCORPORATED

Current Principal Place of Business:

PO BOX 5911
GAINESVILLE, FL 32627

New Principal Place of Business:

Current Mailing Address:

PO BOX 5911
GAINESVILLE, FL 32627

New Mailing Address:

FEI Number: 06-1656029

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCONNELL, LAURA
1506 NE 12TH ST.
GAINESVILLE, FL 32601

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: CD () Delete
Name: CLARK, MARY M
Address: 3720 SW 18TH ST
City-St-Zip: GAINESVILLE, FL 32608

Title: VD () Delete
Name: TANCIG, BOB
Address: 2850 SW 14TH DRIVE
City-St-Zip: GAINESVILLE, FL 32608

Title: SD () Delete
Name: KALT, LAURA
Address: 1506 NE 12TH ST
City-St-Zip: GAINESVILLE, FL 32601

Title: TD () Delete
Name: HAYES, MARY JO
Address: 2011 NW 22ND ST
City-St-Zip: GAINESVILLE, FL 32605

Title: D () Delete
Name: EPPLE, KAREN
Address: 1236 NE 19TH PLACE
City-St-Zip: GAINESVILLE, FL 32609

Title: D () Delete
Name: GADAIRE, GWEN
Address: 6728 SW 75TH ST
City-St-Zip: GAINESVILLE, FL 32608

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:

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: BOB TANCIG

VD

06/12/2004

Electronic Signature of Signing Officer or Director

Date