

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005613

FILED
Jun 15, 2006
Secretary of State

Entity Name: CHRYSALIS COMMUNITY, INCORPORATED

Current Principal Place of Business:

PO BOX 12455
GAINESVILLE, FL 32604

New Principal Place of Business:

Current Mailing Address:

PO BOX 12455
GAINESVILLE, FL 32604

New Mailing Address:

FEI Number: 06-1656029 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

KALT, LAURA
6924 SE 183RD PL
MICANOPY, FL 32667 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

Title: VD () Delete
Name: TANCIG, BOB
Address: 218 NW 2ND AVE
City-St-Zip: GAINESVILLE, FL 32601

Title: SD () Delete
Name: KALT, LAURA
Address: 6924 SE 183RD PL
City-St-Zip: MICANOPY, FL 32667

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

Title: D () Delete
Name: ZOKOVITCH, TERESA
Address: 1615 NE 18TH PLACE
City-St-Zip: GAINESVILLE, FL 32605

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CLARK, MARY M
Address: 3720 SW 18TH ST
City-St-Zip: GAINESVILLE, FL 32608

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

Title: PD (X) Change () Addition
Name: KALT, LAURA
Address: 6924 SE 183RD PL
City-St-Zip: MICANOPY, FL 32667

Title: TD (X) Change () Addition
Name: MATTHEWS, GARY
Address: 1120 NW 45 AVE
City-St-Zip: GAINESVILLE, FL 32609

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 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: BOB TANCIG

VD

06/15/2006

Electronic Signature of Signing Officer or Director

Date