

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005613

FILED  
Apr 26, 2007  
Secretary of State

**Entity Name:** CHRYSALIS COMMUNITY, INCORPORATED

**Current Principal Place of Business:**

PO BOX 12455  
GAINESVILLE, FL 32604

**New Principal Place of Business:**

637 NW 4TH ST  
GAINESVILLE, FL 32601

**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 ( )**

**Name and Address of Current Registered Agent:**

KALT, LAURA  
6924 SE 183RD PL  
MICANOPY, FL 32667 US

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

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

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

Title: VD (X) Change ( ) Addition  
Name: TANCIG, BOB  
Address: 10665 SW 89TH AVE  
City-St-Zip: HAMPTON, FL 32044

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 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

04/26/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date