

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006572

Entity Name: CHRYSALIS, INC.

FILED  
Apr 27, 2004  
Secretary of State

## Current Principal Place of Business:

6682 RIVO ALTO  
ORLANDO, FL 32809

## New Principal Place of Business:

## Current Mailing Address:

6682 RIVO ALTO  
ORLANDO, FL 32809

## New Mailing Address:

FEI Number: 30-0120600

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

NESBITT, ALICE  
6682 RIVO ALTO  
ORLANDO, FL 32809

## 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: PD ( ) Delete  
Name: PERCOSKIE, LUANN  
Address: 6682 RIVO ALTO  
City-St-Zip: ORLANDO, FL 32809

Title: DS ( ) Delete  
Name: NESBITT, ALICE  
Address: 4140 VERSAILLES DR  
City-St-Zip: ORLANDO, FL 32808

Title: DV ( ) Delete  
Name: MARTIN, VIOLET  
Address: P.O.BOX 342  
City-St-Zip: WINDERMERE, FL 34786

Title: C ( ) Delete  
Name: SHEA, TIMOTHY  
Address: 800 N. FERNCREEK AVE  
City-St-Zip: ORLANDO, FL 32803

Title: T ( ) Delete  
Name: FULLER, SUZANNE  
Address: 4250 HIGH PLAINS LANE  
City-St-Zip: KISSIMMEE, FL 34744

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DS (X) Change ( ) Addition  
Name: HALL, MIA  
Address: 670 YOUNGSTOWN PKWY #280  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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

Title: C (X) Change ( ) Addition  
Name: ALLES, SCOTT  
Address: 8911 TIBET BAY DRIVE  
City-St-Zip: ORLANDO, FL 32819

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

Title: D ( ) Change (X) Addition  
Name: MUNROE, JILL  
Address: 306 PALM STREET  
City-St-Zip: WINDEMERE, FL 34787

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: SUZANNE FULLER

T

04/27/2004

Electronic Signature of Signing Officer or Director

Date