

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90136 046 ****61.25

DOCUMENT # N05000011097

1. Entity Name
CHRYSALIS INTERNATIONAL INC.



Principal Place of Business
**9633 OLD MARSH CT
ORLANDO, FL 32832**

Mailing Address
**9633 OLD MARSH CT
ORLANDO, FL 32832**

400402



04122006 Chg-NP CR2E037 (11/05)

4. FEI Number
62-2292761

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**YOUMANS, ELIZABETH L
9633 OLD MARSH CT
ORLANDO, FL 32832**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete
NAME **YOUMANS, ELIZABETH L**
STREET ADDRESS **9633 OLD MARSH CT**
CITY-ST-ZIP **ORLANDO, FL 32832**

TITLE **DV** ☐ Delete
NAME **YOUMANS, BRYAN D**
STREET ADDRESS **9633 OLD MARSH CT**
CITY-ST-ZIP **ORLANDO, FL 32832**

TITLE **DST** ☐ Delete
NAME **GOUGH, JACQUELINE**
STREET ADDRESS **295 JALLS HILL RD**
CITY-ST-ZIP **ALTON, NH 03809**

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Elizabeth L. Youmans* **Elizabeth L. Youmans** 4/12/06 4072750203