**2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Apr 12, 2025**
**Secretary of State**
**7169813339CC**

DOCUMENT# N24000002532

**Entity Name:** CHRYSALIS CARE MINISTRIES, INC.

**Current Principal Place of Business:**

2738 HAVERHILL CT
CLEARWATER, FL 33761

**Current Mailing Address:**

PO BOX 15425
CLEARWATER, FL 33766 US

**FEI Number: 99-1693619**

**Certificate of Status Desired:** No

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

LEIGH CHAND, RACHEL
2738 HAVERHILL CT
CLEARWATER, FL 33761 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

**Officer/Director Detail :**

| | | | |
|---|---|---|---|
| Title | PD | Title | TD |
| Name | LEIGH CHAND, RACHEL | Name | LANNEWEHR, SCOTT ALLYN |
| Address | 2738 HAVERHILL CT | Address | 1715 STACY CRST. |
| City-State-Zip: | CLEARWATER FL 33761 | City-State-Zip: | HOUSTON TX 77008 |
| Title | DIRECTOR | Title | DIRECTOR |
| Name | RAY , DAVID BRADFORD | Name | RAY, JAMES ALLEN |
| Address | 2228 RIVERSIDE DRIVE | Address | 1735 ASHTON ABBEY ROAD |
| City-State-Zip: | CLEARWATER FL 33764-6722 | City-State-Zip: | CLEARWATER FL 33755 |

*I hereby 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 all other like empowered.*

SIGNATURE: RACHEL LEIGH CHAND PD 04/12/2025

Electronic Signature of Signing Officer/Director Detail — Date