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Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 730693 (9)

1. Corporation Name
CITRUS SPRINGS-DUNNELLON CHAPTER #1817 OF AMERIC
AN ASSOCIATION OF RETIRED PERSON, INC.

Principal Place of Business Mailing Address
251 W. HOMEWAY LOOP 251 W. HOMEWAY LOOP
CITRUS SPRINGS FL 34434 CITRUS SPRINGS FL 34434-6109
US US



3. Date Incorporated or Qualified 09/16/1974 3a. Date of Last Report 04/11/1996

2. Principal Place of Business 2a. Mailing Address 4. FEI Number 23-7383652 Applied For Not Applicable
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State 5. Certificate of Status Desired \$8.75 Additional Fee Required
23 Zip Country 28 Zip Country 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
24 25 29 30 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EISENMANN, JOHN
17549 S.W. ASTER AVE.
DUNNELLON FL 32630

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
S	MARTIN, IRENE	2180 W AUSTINE DR	CITRUS SPRINGS FL				
P	LOSS, CATHERINE A.	4082 W. FINDLAY ST.	CITRUS SPRGS, FL 00000				
T	MARTIN, MARY	251 W HOMEWAY LOOP	CITRUS SPRINGS FL				
D	ENGLAND, ROBERT	1237 W SORRENTO DR	CITRUS SPRINGS FL				
D	LOSS, JOSEPH	4082 W FINDLAY ST	CITRUS SPRINGS FL				
D	FIELDS, HOWARD	8610 W SARAZEN DR	CITRUS SPRINGS FL				

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Mary Martin* MARY MARTIN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/97 352-489-2009
Date Daytime Phone # 0065113

CR2E037 (9/96)