

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 13, 1999 8:00 am**  
**Secretary of State**

04-13-1999 90065 048 \*\*\*\*61.25

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 730693**

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  
 CITRUS SPRINGS FL 34434  
 US

251 W. HOMEWAY LOOP  
 CITRUS SPRINGS FL 34434  
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		09/16/1974	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		23-7383652	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip Country		Zip Country			
24 25		29 30			

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	MARTIN, MARY
82 Street Address (P.O. Box Number is Not Acceptable)	251 W. HOMEWAY LOOP
83	
84 City	CITRUS SPRINGS FL
85 Zip Code	34434

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 *Mary L. Martin* (MARY L. MARTIN) TRES. APR. 1, 1999

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	S <input checked="" type="checkbox"/> DELETE	1.1 TITLE	Secretary <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTIN, IRENE	1.2 NAME	LePage, ELAINE
STREET ADDRESS	2180 AUSTIN DR	1.3 STREET ADDRESS	1156 W. BRIDGE DR.
CITY-ST-ZIP	CITRUS SPRINGS FL	1.4 CITY-ST-ZIP	CITRUS SPRINGS, FL. 34434
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	1st VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZIECH, EDWARD	2.2 NAME	MARTIN, IRENE
STREET ADDRESS	2465 W ERIC DR	2.3 STREET ADDRESS	2180 W. AUSTIN DR.
CITY-ST-ZIP	CITRUS SPRINGS FL 34434	2.4 CITY-ST-ZIP	CITRUS SPRINGS, FL. 34434
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	MARTIN, MARY	3.2 NAME	
STREET ADDRESS	251 W HOMEWAY LOOP	3.3 STREET ADDRESS	
CITY-ST-ZIP	CITRUS SPRINGS FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	LOSS, CATHERINE	4.2 NAME	
STREET ADDRESS	4082 W FINDLAY ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	CITRUS SPRINGS FL 34433	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	PENNO, ADOLPH	5.2 NAME	
STREET ADDRESS	9230 N ELLIOT WY	5.3 STREET ADDRESS	
CITY-ST-ZIP	CITRUS SPRINGS FL 34434	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	
NAME	FIELDS, HOWARD	6.2 NAME	
STREET ADDRESS	8610 W SARAZEN DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	CITRUS SPRINGS FL	6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: *Mary L. Martin* (MARY L. MARTIN) APR. 1, 1999 352-489-200

CR25037-11/98