

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 740841 (2)

1. Corporation Name

CRYSTAL RIVER-SPRINGS CHAPTER #2978 OF AMERICAN  
ASSOCIATION OF RETIRED PERSONS, INC.



Principal Place of Business

5524 WEST IRVING COURT  
HOMASASSA FL 34448

Mailing Address

5524 WEST IRVING COURT  
HOMASASSA FL 34448

3. Date Incorporated or Qualified  
11/18/1977

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number  
95-3161355

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

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

WISNIEWSKI, LEONARD E  
5524 WEST IRVING COURT  
HOMOSASSA FL 34448

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 ☐ DELETE

NAME

P  
WISNIEWSKI, LEONARD E  
5524 WEST IRVING COURT  
HOMOSASSA FL 34448

STREET ADDRESS

CITY - ST - ZIP

TITLE ☒ DELETE

NAME

VD  
YARKER, ROBERT W  
7964 WEST CHASSAHOWITZKA ST  
HOMOSASSA FL 34446

STREET ADDRESS

CITY - ST - ZIP

TITLE ☒ DELETE

NAME

S  
SIFER, MILDRED  
25 W. REDBAY COURT  
HOMOSASSA FL 34446

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

T  
MCELVEY, INMAN E  
1424 N CIRCUS TER  
HERNANDO FL 34442

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

D  
POET, RAYMOND B  
1122 S.E. 4TH AVE  
CRYSTAL RIVER FL 34429

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

D  
LESTER, WILLIAM  
5868 WEST STOCKHOLM LANE  
DUNNELLON FL 34433

STREET ADDRESS

CITY - ST - ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Leonard E Wisniewski P

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/9/96

Daytime Phone #

352-628-9644

CR2E037 (12/95)