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May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **740841** (2)

1. Corporation Name

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



Principal Place of Business

Mailing Address

**5524 WEST IRVING COURT
HOMASASSA FL 34448**

**5524 WEST IRVING COURT
HOMASASSA FL 34448-1634**

3. Date Incorporated or Qualified
11/18/1977

3a. Date of Last Report
04/22/1996

2. Principal Place of Business

2a. Mailing Address

21 8386 DESERT ROSE LN

26 8386 DESERT ROSE LN.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 CRYSTAL RIVER FL

28 CRYSTAL RIVER FL

Zip

Country

Zip

Country

24 34428

25 USA

29 34428

30 USA

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

PAUL M. HAAG

82 Street Address (P.O. Box Number is Not Acceptable)

8386 DESERT ROSE LN

83

84

CRYSTAL RIVER

FL

85 Zip Code
34428

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, applicable

PAUL M. HAAG, PRES./D FEB. 10, 1997

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	WISNIEWSKI, LEONARD E	
STREET ADDRESS	5524 WEST IRVING COURT	
CITY-ST-ZIP	HOMOSASSA FL 34448	

1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PAUL M. HAAG	
1.3 STREET ADDRESS	8386 DESERT ROSE LN	
1.4 CITY-ST-ZIP	CRYSTAL RIVER, FL 34428	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	MOLL, ROBERT F	
STREET ADDRESS	2882 W WOODTHRUST ST	
CITY-ST-ZIP	LECANTO FL	

2.1 TITLE	VICE PRESIDENT/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ROBERT F. MOLL, JR.	
2.3 STREET ADDRESS	2882 W. WOODTHRUST ST.	
2.4 CITY-ST-ZIP	LECANTO, FL 34461	

TITLE	S	<input type="checkbox"/> DELETE
NAME	EIDAM, ROSE M	
STREET ADDRESS	P. O. BOX 596	
CITY-ST-ZIP	HOMOSASSA FL	

3.1 TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	EIDAM, ROSE M	
3.3 STREET ADDRESS	P.O. BOX 596 34407	
3.4 CITY-ST-ZIP	HOMOSASSA, FL	

TITLE	T	<input type="checkbox"/> DELETE
NAME	MCCLVY, INMAN E	
STREET ADDRESS	1424 N CIRCUS TER	
CITY-ST-ZIP	HERNANDO FL 34442	

4.1 TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	MCCLVY, INMAN E	
4.3 STREET ADDRESS	1424 N CIRCUS TER	
4.4 CITY-ST-ZIP	HERNANDO, FL 34442	

TITLE	D	<input type="checkbox"/> DELETE
NAME	POET, RAYMOND B	
STREET ADDRESS	1122 S.E. 4TH AVE	
CITY-ST-ZIP	CRYSTAL RIVER FL 34429	

5.1 TITLE	FUND RAISING DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	POET, RAYMOND B	
5.3 STREET ADDRESS	1122 S.E. 4TH AVE	
5.4 CITY-ST-ZIP	CRYSTAL RIVER, FL 34429	

TITLE	D	<input type="checkbox"/> DELETE
NAME	LESTER, WILLIAM	
STREET ADDRESS	5868 WEST STOCKHOLM LANE	
CITY-ST-ZIP	DUNNELLON FL 34433	

6.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	LESTER, WILLIAM	
6.3 STREET ADDRESS	5868 W. STOCKHOLM LANE	
6.4 CITY-ST-ZIP	DUNNELLON, FL 34433	

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 *Paul M. Haag* **PAUL M. HAAG, PRES./D** **95-3161355**

CR2E037 (9/96)