

FILE NOW: FILING FEE IS \$61.25

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Feb 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>8386 DESERT ROSE LN CRYSTAL RIVER FL 34428 US</b>	Mailing Address <b>8386 DESERT ROSE LN CRYSTAL RIVER FL 34428 US</b>
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2. Principal Place of Business <b>21 AMERICAN Legion Post</b>	2a. Mailing Address <b>28 PAUL M HAAG</b>
Suite, Apt. #, etc. <b>22 155, 6576 W. GULF TO LAKE</b>	Suite, Apt. #, etc. <b>27 8386 DESERT ROSE LN</b>
City & State <b>23 CRYSTAL RIVER, FLA.</b>	City & State <b>28 CRYSTAL RIVER, FLA.</b>
Zip <b>24 34429</b>	Country <b>25 CITRUS</b>
	Country <b>29 34428</b>
	Country <b>30 CITRUS</b>

3. Date Incorporated or Qualified <b>11/18/1977</b>
4. FEI Number <b>95-3161355</b>
Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent  
**WISNEWSKI, LEONARD E  
5524 WEST IRVING COURT  
HOMOSASSA FL 34448**

10. Name and Address of New Registered Agent
81 Name <b>PAUL M HAAG</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>8386 DESERT ROSE LN</b>
83
84 City <b>CRYSTAL RIVER</b>
FL
85 Zip Code <b>34428</b>

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 **Paul M Haag - Paul M Haag - PD** DATE **1-27-98**

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

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <input type="checkbox"/> DELETE <b>HAAG, PAUL M</b> <b>8386 DESERT ROSE LN</b> <b>CRYSTAL RIVER FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <input checked="" type="checkbox"/> DELETE <b>MOLL, ROBERT F</b> <b>2882 W WOODTHRUST ST</b> <b>LECANTO FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <input type="checkbox"/> DELETE <b>EIDAM, ROSE M</b> <b>P. O. BOX 598</b> <b>HOMOSASSA FL</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <input checked="" type="checkbox"/> DELETE <b>MCCLVY, INMAN E</b> <b>1424 N CIRCUS TER</b> <b>HERNANDO FL 34442</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> DELETE <b>POET, RAYMOND B</b> <b>1122 S.E. 4TH AVE</b> <b>CRYSTAL RIVER FL 34429</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> DELETE <b>LESTER, WILLIAM</b> <b>5868 WEST STOCKHOLM LANE</b> <b>DUNNELLON FL 34433</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition  
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>VD</b> <b>LESTER, WILLIAM</b> <b>5868 W. STOCKHOLM LN.</b> <b>DUNNELLON, FLA. 34433</b>
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>SECRETARY</b>
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>T-SAMUEL, MARY</b> <b>P.O. Box 517</b> <b>4088 N. Concord Dr</b> <b>CRYSTAL RIVER, FL. 34427-0517</b>
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 

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.

SIGNATURE: **Paul M Haag** **1-28-98 362-795-3685**

CR2ED37 (1097)