NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT#**

1. Corporation Name

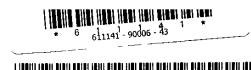
CRYSTAL RIVER-SPRINGS CHAPTER #2978 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.

Principal Place of Business AMERICAN LEGION POST 155 6586 W GULF TO LAKE CRYSTAL RIVER FL 34429

Mailing Address HAAG. PAUL. M 8386 DESERT ROSE LN CRYSTAL RIVER FL 34428

## FILED Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90080 003 \*\*\*\*61.25



	Principal Place of Business  ST ANNS EPISCOPAL CHYCGI	2a.	Mailing Addr	ess WISN	EU	SKI	3. Date Incorporated or Qualifed 11/18/1977		
	Suite, Apt. #, etc. 9870 W FORT IS LAND F	e	Suite, Apt. #,	etc.		-	4. FEI Number	Applied For	
22	SE BANKS ERESOPTED CHARGH	27	5524	1. W 1	RVIN	GCT	95-3161355	Not Applicable	
	City & State		City & State				5. Certificate of Status Desired	\$8.75 Additional Fee Required	
23	CRYSTAL RIVER	28	HOMOS			<u> </u>			
١.	Zip Country		Zip		Country		6. Election Campaign Financing	<b>\$5.00</b> May Be	
24	25 CITRUS	29	3444B	30	CII	RUS	Trust Fund Contribution	Added to Fees	
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent			
	HAAG, PAUL M 8386 DESERT ROSE LN				81	Street Addre	EN WISN FWSK   uss (P.O. Box Number is Not Acceptable) 5579 W IRVING	- ([-	
1	CRYSTAL RIVER FL 34428				83				

City HOMOSASSA FL 85 Zip Code 3 4448

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 \$17.0503, Florida Statutes.												
SIGNATURE Signature required when reinstating)  Signature required when reinstating)  DATE												
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR									
TITLE	PD V DELETE	1.1 TITLE	LEN WISNIEWSKI Change	Addition								
NAME	HAAG, PAUL M	1.2 NAME	5524 W IRVING CT									
STREET ADDRESS	8386 DESERT ROSE LN	1.3 STREET ADDRESS	1									
CITY-ST-ZIP	CRYSTAL RIVER FL	1,4 CITY-ST-ZIP	HOMOSNSA FL 34448									
TITLE	VD □ DELETE	2.1 TTLE	☐ Change	☐ Addition								
NAME	LESTER, WILLIAM	2.2 NAME		Ì								
STREET ADDRESS	5868 W STOCKHOLM LN	2.3 STREET ADDRESS										
CITY-ST-ZIP	Dunnellon-Fl-34433	2.4 CITY-ST-ZIP										
TITLE	S DELETE	3.1 TITLE	Change	☐ Addition								
NAME	EIDAM, ROSE M	3.2 NAME										
STREET ADDRESS	P. O. BOX 596	3.3 STREET ADDRESS										
CITY-ST-ZIP	HOMOSASSA FL	3.4. CITY-ST-ZIP										
TITLE	<b>T</b> □ DELETE	4,1 TITLE	☐ Change	☐ Addition								
NAME	SAMBOL, MARY	4. 2 NAME		}								
STREET ADDRESS	P O BOX 517, 4088 N CONCORD DR	4.3 STREET ADDRESS		}								
CITY-ST-ZIP	CRYSTAL RIVER FL 34423-0517	4.4 CITY-ST-ZIP										
TITLE	D DELETE	5.1 TITLE	☐ Change	☐ Addition								
NAME	POET, RAYMOND B	5.2 NAME										
STREET ADDRESS	1122 S.E. 4TH AVE	5.3 STREET ADDRESS										
CITY-ST-ZIP	CRYSTAL RIVER FL 34429	5.4 CITY-ST-ZIP										
TITLE	D DELETE	6.1 TITLE	☐ Change	☐ Addition								
NAME	LESTER, WILLIAM	6.2 NAME		1								
STREET ADDRESS	5868 WEST STOCKHOLM LANE	6.3 STREET ADDRESS										
CITY-ST-ZIP	DUNNELLON FL 34433	6.4 CITY-ST-ZIP										

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 or an attachment with an address, with all other like empowered.

SIGNATURE: