

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

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

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

DOCUMENT # 740841

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
US

Mailing Address

HAAG, PAUL M
8386 DESERT ROSE LN
CRYSTAL RIVER FL 34428
US

611141-90006-43



2. Principal Place of Business

21 ST ANNS EPISCOPAL CHURCH

Suite, Apt. #, etc. 9870 W FORT ISLAND RD

22 ST ANNS EPISCOPAL CHURCH

City & State

23 CRYSTAL RIVER

Zip Country

24 CITRUS

2a. Mailing Address

26 LEN WISNIEWSKI

Suite, Apt. #, etc.

27 5524 W IRVING CT

City & State

28 HOMOSASSA FL

Zip Country

29 34448 30 CITRUS

3. Date Incorporated or Qualified

11/18/1977

4. FEI Number

95-3161355

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

HAAG, PAUL M
8386 DESERT ROSE LN
CRYSTAL RIVER FL 34428

10. Name and Address of New Registered Agent

81 Name

LEN WISNIEWSKI

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

5524 W IRVING CT

83

84 City

HOMOSASSA

FL

85 Zip Code

34448

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

Len Wisniewski

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

8/27/99

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

NAME HAAG, PAUL M
STREET ADDRESS 8386 DESERT ROSE LN
CITY-ST-ZIP CRYSTAL RIVER FL

TITLE VD ☐ DELETE

NAME LESTER, WILLIAM
STREET ADDRESS 5868 W STOCKHOLM LN
CITY-ST-ZIP DUNNELLON FL 34433

TITLE S ☐ DELETE

NAME EIDAM, ROSE M
STREET ADDRESS P. O. BOX 596
CITY-ST-ZIP HOMOSASSA FL

TITLE T ☐ DELETE

NAME SAMBOL, MARY
STREET ADDRESS P O BOX 517, 4088 N CONCORD DR
CITY-ST-ZIP CRYSTAL RIVER FL 34423-0517

TITLE D ☐ DELETE

NAME POET, RAYMOND B
STREET ADDRESS 1122 S.E. 4TH AVE
CITY-ST-ZIP CRYSTAL RIVER FL 34429

TITLE D ☐ DELETE

NAME LESTER, WILLIAM
STREET ADDRESS 5868 WEST STOCKHOLM LANE
CITY-ST-ZIP DUNNELLON FL 34433

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME LEN WISNIEWSKI

1.3 STREET ADDRESS 5524 W IRVING CT

1.4 CITY-ST-ZIP HOMOSASSA FL 34448

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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:

SIGNATURE REQUIRED

8/27/99

1-352-628-9644

Date

Daytime Phone #

CR2E037 (5/99)