

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 07, 2004 8:00 am
Secretary of State

05-07-2004 90128 019 ****70.00

DOCUMENT # 740841

1. Entity Name

CRYSTAL RIVER-SPRINGS CHAPTER #2978 OF AARP,
INC.



Principal Place of Business

9870 W FORT ISLAND
CRYSTAL RIVER FL 34429
US

Mailing Address

PO BOX 803
CRYSTAL RIVER FL 34423
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

95-3161355

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEVINS, RUTH L
3930 N SEMINOLE PT
CRYSTAL RIVER FL 34428

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Ruth L. Levins

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

(NOTE: Registered Agent signature required when reinstating)

May 5, 2004

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	LEVINS, RUTH	
STREET ADDRESS	PO BOX 803	
CITY-ST-ZIP	CRYSTAL RIVER FL 34423-0803	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	LESTER, WILLIAM	
STREET ADDRESS	5868 W STOCKHOLM LN	
CITY-ST-ZIP	DUNNELLON FL 34433	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	SMITH, DAVID	
STREET ADDRESS	9695 N. CAVEWOOD AVE.	
CITY-ST-ZIP	CRYSTAL RIVER FL 34428	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	POET, RAYMOND B	
STREET ADDRESS	1122 S.E. 4TH AVE	
CITY-ST-ZIP	CRYSTAL RIVER FL 34429	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LESTER, WILLIAM	
STREET ADDRESS	5868 WEST STOCKHOLM LANE	
CITY-ST-ZIP	DUNNELLON FL 34433	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	1VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Paul M. Haag 1st V.Pres.	
STREET ADDRESS	8386 N. Desert Rose Terr.	
CITY-ST-ZIP	Crystal River Fla. 34428	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Treasurer	
STREET ADDRESS	Rose Tobey	
CITY-ST-ZIP	11060 W. Thoreau Place	
	Crystal River Fla. 34428	
TITLE	2VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jerry Kelly 2nd V.Pres.	
STREET ADDRESS	11184 W. Samson Lane	
CITY-ST-ZIP	Crystal River Fla. 34428	
TITLE	Sec.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Marcella Johnson, Sec.	
STREET ADDRESS	4079 S. Spring Song Terrace	
CITY-ST-ZIP	Humosassa, Fla. 34446	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Ruth L. Levins

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 5, 2004

Date

352-95-3006

Daytime Phone #