

**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

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.



MOORE CR2E037 (11/03)

City & State

City & State

4. FEI Number

95-3161355

Applied For

Not Applicable

Zip

Country

Zip

Country

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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 #