FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAR 15 AM 11:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N45272 (4)

1. Corporation Name

APOPKA CHAPTER #4664 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.

Principal Place of Business	Mailing Address
1016 ERROL PKWY. APOPKA FL 32712	1016 ERROL PKWY. APOPKA FL 32712

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/23/1991	3a. Date of Last Report: 04/29/1994
4. FEI Number: 94-3114521	☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **$68.75** Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
COLLINS, TOM 1016 ERROL PKWY. APOPKA FL 32712	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE PD	EDWARD MC CORMICK	☒ Change ☐ Addition
NAME	COLLINS, TOM	1.2 NAME		
STREET ADDRESS	1016 ERROL PKWY	1.3 STREET ADDRESS	1066 INTERLAKEN	
CITY-ST-ZIP	APOPKA FL 32712	1.4 CITY-ST-ZIP	APOPKA FL 32703	
TITLE	VD	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	MCQUADE, JOE	2.2 NAME	TOM COLLINS	
STREET ADDRESS	1609 JAGOAB CIRCLE	2.3 STREET ADDRESS	1016 ERROL PKWY	
CITY-ST-ZIP	APOPKA FL 32712	2.4 CITY-ST-ZIP	APOPKA, FL 32712	
TITLE	SD	3.1 TITLE	SD.	☒ Change ☐ Addition
NAME	SMITH, MARIANNE	3.2 NAME	JEAN MYERS	
STREET ADDRESS	5107 WACKAMORE RD	3.3 STREET ADDRESS	5129 HARPER VALLEY RD	
CITY-ST-ZIP	APOPKA FL 32712	3.4 CITY-ST-ZIP	APOPKA FL 32712	
TITLE	T	4.1 TITLE	T	☐ Change ☐ Addition
NAME	WEINGARTNER, WILLIAM	4.2 NAME	WILLIAM WEINGARTNER (SAME)	
STREET ADDRESS	P.O. BOX 1856 N/A	4.3 STREET ADDRESS	P O BOX 1856 N/A	
CITY-ST-ZIP	APOPKA FL ~~32712~~ 32704 32704	4.4 CITY-ST-ZIP	APOPKA FL 32704	
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	COLLINS, NITA	5.2 NAME		
STREET ADDRESS	1016 ERROL PKWY	5.3 STREET ADDRESS		
CITY-ST-ZIP	APOPKA FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: William Weingartner WILLIAM WEINGARTNER 1-13-95 407-889-9265
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0930640