

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N45272 (4)

1. Corporation Name

**AOPKA CHAPTER #4664 OF AMERICAN ASSOCIATION OF
RETIRED PERSONS, INC.**



Principal Place of Business

Mailing Address

1016 ERROL PKWY.
AOPKA FL 32712

1016 ERROL PKWY.
AOPKA FL 32712

3. Date Incorporated or Qualified
09/23/1991

3a. Date of Last Report
03/15/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

94-3114521

Applied For

Not Applicable

22

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

23

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

24

Zip

Country

Zip

Country

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.
AOPKA FL 32712**

1016 ERROL PKWY

81 Name

WILLIAM WEINGARTNER

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

209 BONNIE GLEN LANE

83

84 City

AOPKA

FL

85 Zip Code

32712

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

William Weingartner

WILLIAM WEINGARTNER

FEB 6, 1996

Signature typed or printed name of registered agent and not applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MCCORMICK, EDWARD	
STREET ADDRESS	1066 INTERLAKEN	
CITY-ST-ZIP	AOPKA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	COLLINS, TOM	
STREET ADDRESS	1016 ERROL PKWY	
CITY-ST-ZIP	AOPKA FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MYERS, JEAN	
STREET ADDRESS	5129 HARPER VALLEY RD	
CITY-ST-ZIP	AOPKA FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	WEINGARTNER, WILLIAM	
STREET ADDRESS	P.O. BOX 1856 N/A	
CITY-ST-ZIP	AOPKA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COLLINS, NITA	
STREET ADDRESS	1016 ERROL PKWY	
CITY-ST-ZIP	AOPKA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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)(k), 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 FEB 29, 1996 407-889-4100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)