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Feb 05 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

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 32712-2602

3. Date Incorporated or Qualified  
09/23/1991

3a. Date of Last Report  
02/29/1996

4. FEI Number  
94-3114521

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WEINGARTNER, WILLIAM  
209 BONNIE GLEN LANE  
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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE  
NAME MCCORMICK, EDWARD  
STREET ADDRESS 1066 INTERLAKEN  
CITY-ST-ZIP APOPKA FL

1.1 TITLE PD ☐ Change ☒ Addition  
1.2 NAME WING, FAYETTE  
1.3 STREET ADDRESS 395 S. NORTHLAKE BLVD  
1.4 CITY-ST-ZIP ALTAMONTE SPRINGS 32701

TITLE VD ☒ DELETE  
NAME COLLINS, TOM  
STREET ADDRESS 1016 ERROL PKWY  
CITY-ST-ZIP APOPKA FL

2.1 TITLE V ☐ Change ☒ Addition  
2.2 NAME OPREA, JOHN  
2.3 STREET ADDRESS 817 E 8TH ST.  
2.4 CITY-ST-ZIP APOPKA FL 32703

TITLE SD ☒ DELETE  
NAME MYERS, JEAN  
STREET ADDRESS 5129 HARPER VALLEY RD  
CITY-ST-ZIP APOPKA FL

3.1 TITLE S ☐ Change ☒ Addition  
3.2 NAME ROBINSON, PRISCILLA  
3.3 STREET ADDRESS 1918 SHANNON LN.  
3.4 CITY-ST-ZIP APOPKA FL 32703

TITLE T ☒ DELETE  
NAME WEINGARTNER, WILLIAM  
STREET ADDRESS P.O. BOX 1856 N/A  
CITY-ST-ZIP APOPKA FL

4.1 TITLE T ☐ Change ☒ Addition  
4.2 NAME O'CONNOR, JOHN  
4.3 STREET ADDRESS 216 MALEAN DR.  
4.4 CITY-ST-ZIP APOPKA FL 32712

TITLE D ☐ DELETE  
NAME COLLINS, NITA  
STREET ADDRESS 1016 ERROL PKWY  
CITY-ST-ZIP APOPKA FL

5.1 TITLE D ☒ Change ☐ Addition  
5.2 NAME WEINGARTNER, WILLIAM  
5.3 STREET ADDRESS PO BOX 1856 N/A  
5.4 CITY-ST-ZIP APOPKA, FL.

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0013016

CR2E037 (9/96)

1-27-97