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03-03-1999 90067 008 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N45272					
1. Corporation Name APOPKA CHAPTER #4664 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.					
Principal Place of Business 1016 ERROL PKWY. APOPKA FL 32712			Mailing Address 1016 ERROL PKWY. APOPKA FL 32712		

154971-90067-8



2. Principal Place of Business 21 FRAN CARLTON CENTER Suite, Apt. #, etc. 22 11 N. FOREST AVENUE City & State 23 APOPKA, FL Zip 24 32703 Country 25 USA		2a. Mailing Address 26 Suite, Apt. #, etc. 27 P O BOX 1856 City & State 28 APOPKA, FL Zip 29 32704 Country 30 USA		3. Date Incorporated or Qualified 09/23/1991 4. FEI Number 94-3114521 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
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9. Name and Address of Current Registered Agent WEINGARTNER, WILLIAM 209 BONNIE GLEN LANE APOPKA FL 32712				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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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** **01/20/99**
Signature, typed or printed name of registered agent and date 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 NAME WING FAYETTE STREET ADDRESS 395 S. NORTHLAKE BLVD. CITY-ST-ZIP ALTAMONTE SPRINGS FL 32701 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PD EDWARD MCCORMICK 1066 INTERLAKEN WAY APOPKA, FL 32703 <input type="checkbox"/> Change <input type="checkbox"/> Addition	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE VD NAME OPREA, JOHN STREET ADDRESS 817 E 8TH ST. CITY-ST-ZIP APOPKA FL 32703 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VP NAOMI SNYDER 1455 MARGARET CRESCENT DR APOPKA, FL 32703 <input type="checkbox"/> Change <input type="checkbox"/> Addition	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE S NAME ROBINSON, PRISCILLA STREET ADDRESS 1918 SHANNON LANE CITY-ST-ZIP APOPKA FL <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	S JEAN MYERS 5129 HARPER VALLEY APOPKA, FL 32712 <input type="checkbox"/> Change <input type="checkbox"/> Addition	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE T NAME WEINGARTNER, WILLIAM STREET ADDRESS PO BOX 1856 N/A CITY-ST-ZIP APOPKA FL 32704 <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	T WILLIAM WEINGARTNER PO BOX 1856 N/A APOPKA, FL 32704 <input type="checkbox"/> Change <input type="checkbox"/> Addition	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE: William Weingartner **WILLIAM WEINGARTNER** **01/20/99** **407 889-4100**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)