

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 18, 2004 8:00 am
Secretary of State

02-18-2004 90020 045 ****61.25

DOCUMENT # N45272

1. Entity Name

APOPKA CHAPTER #4664 OF AARP, INC.



Principal Place of Business

FRAN CARTON CENTER
11 N FOREST AVE
APOPKA FL 32703
US

Mailing Address

P.O. BOX 1856
APOPKA FL 32704

44012006



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
94-3114521

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

WEINGARTNER, WILLIAM
209 BONNIE GLEN LN
APOPKA FL 32712

7. Name and Address of New Registered Agent

Name Lillian J. Cleghorn
Street Address (P.O. Box Number is Not Acceptable)
425 Lake Annie Drive P.O. Box 98
City Plymouth FL Zip Code 32768

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

Lillian J. Cleghorn Lillian J. Cleghorn Treasurer Jan. 26, 2004
(NOTE: Registered Agent signature required when reinstating)

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 PD ☐ Delete
NAME STAIGER, JACK
STREET ADDRESS 423 CHEETAH TRAIL
CITY-ST-ZIP APOPKA FL 32703

TITLE VD ☐ Delete
NAME MANNING, IRENE
STREET ADDRESS 1751 GRAND OAKS DR.
CITY-ST-ZIP APOPKA FL 32703

TITLE S ☒ Delete
NAME SNYDER, NAOMI
STREET ADDRESS 1334 CHEBON CT.
CITY-ST-ZIP APOPKA FL 32712

TITLE T ☒ Delete
NAME WEINGARTNER, WILLIAM
STREET ADDRESS PO BOX 1856 N/A
CITY-ST-ZIP APOPKA FL 32704

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME Secretary
NAME Marge Sacks
STREET ADDRESS 1334 Chebon Court
CITY-ST-ZIP Apopka, FL 32712

TITLE ☒ Change ☐ Addition
NAME Treasurer
NAME Lillian J. Cleghorn
STREET ADDRESS 425 Lake Annie Drive
CITY-ST-ZIP Plymouth, FL 32768

TITLE ☐ Change ☒ Addition
NAME VT
NAME Mita Collins
STREET ADDRESS 831-12 Lock Calder Drive
CITY-ST-ZIP Apopka, FL 32712

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Lillian J. Cleghorn Lillian J. Cleghorn 1-26-04 407-886-1966
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #