

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 15, 2006 8:00 am**  
**Secretary of State**

03-15-2006 90101 028 \*\*\*\*61.25

**DOCUMENT # N45272**

1. Entity Name

APOPKA CHAPTER #4664 OF AARP, INC.



Principal Place of Business

Mailing Address

FRAN CARTON CENTER  
11 N FOREST AVE  
APOPKA FL 32703  
US

423 CHEETAH TRAIL  
APOPKA FL 32712



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

94-3114521

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CLEGHORN, LILLIAN J  
425 LAKE ANNIE DR.  
P.O. BOX 98  
PLYMOUTH FL 32768

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME STAIGER, JACK  
STREET ADDRESS 423 CHEETAH TRAIL  
CITY-ST-ZIP APOPKA FL 32712

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

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

TITLE VD ☐ Change ☒ Addition  
NAME Snyder, Naomi  
STREET ADDRESS 1455 Margaret Crescent Drive  
CITY-ST-ZIP Apopka, FL. 32703

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

TITLE S ☐ Change ☒ Addition  
NAME Wallace, Elaine  
STREET ADDRESS 1205 Dover Circle  
CITY-ST-ZIP Apopka, FL. 32703

TITLE T ☐ Delete  
NAME CLEGHORN, LILLIAN J  
STREET ADDRESS 425 LAKE ANNIE DR.  
CITY-ST-ZIP PLYMOUTH FL 32768

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

TITLE VT ☐ Delete  
NAME COLLINS, NITA  
STREET ADDRESS 831-2 LOCK CALDER DR.  
CITY-ST-ZIP APOPKA FL 32712

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 exemptions contained in Section 119, 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

3-6-2006

407/886-1966