2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N45272

1. Entity Name
APOPKA CHAPTER #4664 OF AARP, INC.

4U1GJUH1

Principal Place of Business	Mailing Address
FRAN CARTON CENTER 11 N FOREST AVE APOPKA, FL 32703 US	~~423 CHEETAH TRAIL~~ ~~APOPKA, FL 32712~~ 1455 Margaret Crescent Drive Apopka, FL. 32703

07132007   Chg-NP   CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address	4. FEI Number 94-3114521	Applied For
			Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
Zip	Country	Zip	Country		

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 reinstating)   DATE

Filing Fee is $61.25 **Due by September 14, 2007**	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 NAME STREET ADDRESS CITY-ST-ZIP	PD STAIGER, JACK 423 CHEETAH TRAIL APOPKA, FL 32712	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Snyder, Naomi 1455 Margaret Crescent Drive Apopka, Fl. 32703	☐ Change	☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SNYDER, NAOMI 1455 MARGARET CRESCENT DR APOPKA, FL 32703	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Cleghorn, James D. 425 Lake Annie Drive P.O. Box 98 Plymouth, Fl. 32768	☐ Change	☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WALLACE, ELAINE 1205 DOVER CIRCLE APOPKA, FL 32703	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CLEGHORN, LILLIAN J 425 LAKE ANNIE DR. PLYMOUTH, FL 32768	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT COLLINS, NITA 831-2 LOCK CALDER DR. APOPKA, FL 32712	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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   7-14-2007   407-886-1966

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #