

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45272

FILED
Jan 14, 2009
Secretary of State

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

Current Principal Place of Business:

FRAN CARTON CENTER
11 N FOREST AVE
APOPKA, FL 32703 US

New Principal Place of Business:

Current Mailing Address:

600 ROBIN E. LANE
APOPKA, FL 32712

New Mailing Address:

FEI Number: 94-3114521

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

CLEGHORN, LILLIAN J
425 LAKE ANNIE DR.
PLYMOUTH, FL 32768 US

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.

SIGNATURE:

01/14/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: COOPER, CARROL
Address: 600 ROBIN E. LANE
City-St-Zip: APOPKA, FL 32712

Title: VP () Delete
Name: CLAYTON, FERN
Address: 341 BAY STREET
City-St-Zip: APOPKA, FL 32712

Title: S () Delete
Name: WALLACE, ELAINE
Address: 1205 DOVER CIRCLE
City-St-Zip: APOPKA, FL 32703

Title: T () Delete
Name: CLEGHORN, LILLIAN J
Address: 425 LAKE ANNIE DR.
City-St-Zip: PLYMOUTH, FL 32768

Title: VT () Delete
Name: COLLINS, NITA
Address: 831-2 LOCK CALDER DR.
City-St-Zip: APOPKA, FL 32712

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: EDWARDS, SHIRLEY
Address: 937 WOODCRAFT DRIVE
City-St-Zip: APOPKA, FL 32712

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LILLIAN J. CLEGHORN

TREA

01/14/2009

Electronic Signature of Signing Officer or Director

Date