

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45272

FILED
Jan 11, 2012
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:

1205 DOVER CIRCLE
APOPKA, FL 32703

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.
PLYMOUTH, FL 32768 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: WALLACE, ELAINE
Address: 1205 DOVER CIRCLE
City-St-Zip: APOPKA, FL 32703

Title: VP
Name: CUSH, YVETTE
Address: 3969 LONG BRANCH LANE
City-St-Zip: APOPKA, FL 32712

Title: S
Name: BURCHART, RENIE
Address: 2732 VALERIE AVENUE
City-St-Zip: APOPKA, FL 32712

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

Title: VT
Name: FREEMAN, LYNN
Address: 1326 CHEBON COURT
City-St-Zip: APOPKA, FL 32712

I hereby 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 all other like empowered.

SIGNATURE: LILLIAN J. CLEGHORN

TREA

01/11/2012

Electronic Signature of Signing Officer or Director

Date