FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 727800 (5)

1. Corporation Name

KISSIMMEE CHAPTER #87 OF AMERICAN ASSOCIATION OF RETIRED PERSONS, INC.

Principal Place of Business	Mailing Address
3490 -12 NORTH GATE DRIVE KISSIMMEE FL 34746	3490 -12 NORTH GATE DRIVE KISSIMMEE FL 34746

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/18/1973
3a. Date of Last Report: 05/01/1994
4. FEI Number: 23-7305466 ☐ Applied For ☐ Not Applicable

21 2. Principal Place of Business: 1602 Westgate Dr. ZZ3	26 2a. Mailing Address: Same
22 Suite, Apt. #, etc.: Kissimmee FL 34746-6446	Suite, Apt. #, etc.
23 City & State	City & State
24 Zip: 34746-6446 25 County: Osceola	29 Zip 30 County

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
KINNEY, HAROLD R 1602-01 WESTGATE DR KISSIMMEE FL 34746	81 Name: B.T. (Doc) Hall 82 Street Address (P.O. Box Number is Not Acceptable): 1602 Westgate Dr. ZZ-3 83 Kissimmee FL 34746-6446 84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: B.T. Doc Hall Treasurer Kissimmee Chapter AARP No. 87 4-12-95
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	S	11 TITLE	Acting Secretary	☐ Change ☐ Addition
NAME	KERN CHARLES W.	12 NAME		
STREET ADDRESS	4192-09 NORTH GATE DR.	13 STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL 34746	14 CITY-ST-ZIP		
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	ARTHUR, BRENTON	22 NAME		
STREET ADDRESS	1662 PARKGATE DRIVE	23 STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL 34746	24 CITY-ST-ZIP		
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	VARY, BETTY	32 NAME		
STREET ADDRESS	4189-10 NORTHGATE DRIVE	33 STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL 34746	34 CITY-ST-ZIP		
TITLE	C	41 TITLE	Chair, Legislative Comm.	☐ Change ☐ Addition
NAME	SWANSON, H LUTHER	42 NAME		
STREET ADDRESS	1650 CALVIN CIR	43 STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL 34746	44 CITY-ST-ZIP		
TITLE	V	51 TITLE	V and D	☑ Change ☐ Addition
NAME	QUINN, DOROTHEA	52 NAME	Bledsoe, Lillian	
STREET ADDRESS	3490-07 NORTHGATE DR.	53 STREET ADDRESS	1603 Westgate Dr. LLL-12	
CITY-ST-ZIP	KISSIMMEE FL 34746	54 CITY-ST-ZIP	Kissimmee FL 34746-6451	
TITLE	D	61 TITLE	V+D	☑ Change ☐ Addition
NAME	BREEN, NORA M	62 NAME	Wilson, Ruth	
STREET ADDRESS	4193 SCOTLAND ROAD	63 STREET ADDRESS	1603 Westgate Dr. LLL-10	
CITY-ST-ZIP	KISSIMMEE FL 34746	64 CITY-ST-ZIP	Kissimmee FL 34746-6451	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Charles W. Karn APR - 9 1995 407 933-0412
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
CHARLES W. KARN

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