

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 727800 (5)

1. Corporation Name

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

Principal Place of Business

1602 WESTGATE DR
KISSIMMEE FL 34746-6446
US

Mailing Address

3490 -12 NORTH GATE DRIVE
KISSIMMEE FL 34746



3. Date Incorporated or Qualified
10/18/1973

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 1421 HOEGER CIRCLE

26 1423 ALDERSGATE DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 KISSIMMEE, FL

27 # 01

City & State

City & State

23 Zip Country

28 KISSIMMEE, FL

Zip

Country

24 34746

29 34746

30

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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

HALL, R. J. (DOR)
1602 WESTGATE DR
224 X
KISSIMMEE FL 34746

81 Name

SUSAN KREIDER

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

1423 ALDERSGATE DR. # 01

83

84 City

KISSIMMEE,

FL

85 Zip Code
34746

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Susan Kreider*

SUSAN KREIDER, PRESIDENT

4/26/96

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE S ☒ DELETE
NAME KERN CHARLES W.
STREET ADDRESS 4192-09 NORTH GATE DR.
CITY-ST-ZIP KISSIMMEE FL

1.1 TITLE P SUSAN KREIDER ☒ Change ☐ Addition
1.2 NAME 1423 ALDERSGATE DR. # 01
1.3 STREET ADDRESS KISSIMMEE, FL 34746
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME ARTHUR, BRENTON
STREET ADDRESS 1662 PARKGATE DRIVE
CITY-ST-ZIP KISSIMMEE FL 34746

2.1 TITLE S ☒ Change ☐ Addition
2.2 NAME WINSTON HUGHES
2.3 STREET ADDRESS 120 BROADWAY SUITE 206
2.4 CITY-ST-ZIP KISSIMMEE, FL 34741

TITLE D ☐ DELETE
NAME VARY, BETTY
STREET ADDRESS 4189-10 NORTHGATE DRIVE
CITY-ST-ZIP KISSIMMEE FL 34746

3.1 TITLE D ☒ Change ☐ Addition
3.2 NAME ARTHUR TROIS
3.3 STREET ADDRESS 4092 NORTHGATE DR # 09
3.4 CITY-ST-ZIP KISSIMMEE, FL 34746

TITLE C ☐ DELETE
NAME SWANSON, H LUTHER
STREET ADDRESS 1650 CALVIN CIR
CITY-ST-ZIP KISSIMMEE FL

4.1 TITLE D ☒ Change ☐ Addition
4.2 NAME BOB HAINES
4.3 STREET ADDRESS 1536 ALDERSGATE DR # 07
4.4 CITY-ST-ZIP KISSIMMEE, FL 34746

TITLE VD ☐ DELETE
NAME BLEDSOE, LILLIAN
STREET ADDRESS 1503 WESTGATE DR LLL-12
CITY-ST-ZIP KISSIMMEE FL

5.1 TITLE T ☒ Change ☐ Addition
5.2 NAME HELEN G. MORELOCK
5.3 STREET ADDRESS 1383 WESTGATE DR # 03
5.4 CITY-ST-ZIP KISSIMMEE, FL 34746

TITLE V ☐ DELETE
NAME WRHEN, RUTH
STREET ADDRESS 1503 WESTGATE DR LLL-10
CITY-ST-ZIP KISSIMMEE FL

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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)(k), 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: *Helen G. Morelock, Treas.*

HELEN G. MORELOCK 4/26/96

407-944-9155

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)