



# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2005 8:00 am**  
**Secretary of State**

04-14-2005 90116 016 \*\*\*\*61.25

<b>DOCUMENT # 727800</b> 1. Entity Name KISSIMMEE CHAPTER #87 OF AARP, INC.					
Principal Place of Business 4260 VILLAGE DR., APT 117 KISSIMMEE, FL 34746 US			Mailing Address 4260 VILLAGE DR., APT 117 KISSIMMEE, FL 34746 US		
2. Principal Place of Business <b>4260 VILLAGE DR.</b>		3. Mailing Address <b>4260 VILLAGE DR.</b>			
Suite, Apt. #, etc. <b>APT. # 117</b>		Suite, Apt. #, etc. <b>APT. # 117</b>			
City & State <b>KISSIMMEE, FL</b>		City & State <b>KISSIMMEE, FL</b>			
Zip <b>34746</b>	Country <b>OSCEOLA</b>	Zip <b>34746</b>	Country <b>OSCEOLA</b>		
4. FEI Number <b>23-7305466</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>P</b> <b>GORDON, COLLINS RICHARD L. DIENER</b> <b>4260 VILLAGE DR., APT 117</b> <b>KISSIMMEE, FL 34746</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 60%;">           SIGNATURE <u><i>Richard L. Diener</i></u> <b>RICHARD L. DIENER (P)</b>  <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 35%; text-align: right;"> <b>04/10/05</b>  <small>DATE</small> </div> </div>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>COLLINS, GORDON</b> <b>1565 PARKGATE DR.</b> <b>KISSIMMEE, FL 34746</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>WORTKOETTER, GEORGIA</b> <b>3610 #7 NORTHGATE DR.</b> <b>KISSIMMEE, FL 34746</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PHILLIPS, MARY</b> <b>1458 #15 ALDERSGATE DR.</b> <b>KISSIMMEE, FL 34746</b>	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HULTSLANDER, GERALD</b> <b>4194 WESLEY COURT</b> <b>KISSIMMEE, FL 34746</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>TAYLOR, WALTER</b> <b>4152 #3 NORTHGATE DR.</b> <b>KISSIMMEE, FL 34746</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PECKHAM, HOWARD</b> <b>4197 WALES ST.</b> <b>KISSIMMEE, FL 34746</b>	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>LILY SPIECKER</b> <b>3610 #9 NORTH GATE DR</b> <b>KISSIMMEE, FL 34746</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <u><i>Richard L. Diener</i></u> <b>RICHARD L. DIENER (P)</b> <b>04/10/05 (407) 944-0414</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					