

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 29, 2006 8:00 am**  
**Secretary of State**

03-29-2006 90131 034 \*\*\*\*61.25

**DOCUMENT # 727800**

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  
1550 ALDERS GATE DR.

3. Mailing Address  
1661 CALVIN CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03232006 Chg-NP CR2E037 (11/05)

City & State  
KISSIMMEE, FL

City & State  
KISSIMMEE, FL

4. FEI Number  
23-7305466

Applied For  
Not Applicable

Zip  
34746

Country  
U.S.A.

Zip  
34746

Country  
U.S.A.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

DIENER, RICHARD L  
4260 VILLAGE DR., APT 117  
KISSIMMEE, FL 34746

## 7. Name and Address of New Registered Agent

Name  
A.C. WILLIAMS

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

1661 CALVIN CIRCLE

City  
KISSIMMEE

FL

Zip Code  
34746

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.

SIGNATURE

*A.C. Williams*

03/24/06

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25  
Due by May 1, 2006

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make check payable to  
Florida Department of State

## 10. OFFICERS AND DIRECTORS

TITLE  
V  
NAME  
COLLINS, GORDON  
STREET ADDRESS  
1565 PARKGATE DR.  
CITY-ST-ZIP  
KISSIMMEE, FL 34746 ☒ Delete

TITLE  
T  
NAME  
WORTKOETTER, GEORGIA  
STREET ADDRESS  
3610 #7 NORTHGATE DR.  
CITY-ST-ZIP  
KISSIMMEE, FL 34746 ☐ Delete

TITLE  
S  
NAME  
SPIECKER, LILY  
STREET ADDRESS  
3610 #9 NORTHGATE DR  
CITY-ST-ZIP  
KISSIMMEE, FL 34746 ☐ Delete

TITLE  
D  
NAME  
HULTSLANDER, GERALD  
STREET ADDRESS  
4194 WESLEY COURT  
CITY-ST-ZIP  
KISSIMMEE, FL 34746 ☒ Delete

TITLE  
D  
NAME  
TAYLOR, WALTER  
STREET ADDRESS  
4152 #3 NORTHGATE DR.  
CITY-ST-ZIP  
KISSIMMEE, FL 34746 ☒ Delete

TITLE  
D  
NAME  
PECKHAM, HOWARD  
STREET ADDRESS  
4197 WALES ST.  
CITY-ST-ZIP  
KISSIMMEE, FL 34746 ☒ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
V  
NAME  
ARIMENTHA WILLIAMS  
STREET ADDRESS  
1661 CALVIN CIRCLE  
CITY-ST-ZIP  
KISSIMMEE, FL, 34746 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
D  
NAME  
RICHARD L. DIENER  
STREET ADDRESS  
4260 VILLAGE DR, APT. # 117  
CITY-ST-ZIP  
KISSIMMEE, FL, 34746 ☒ Change ☐ Addition

TITLE  
D  
NAME  
GORDON COLLINS  
STREET ADDRESS  
1565 PARKGATE DR.  
CITY-ST-ZIP  
KISSIMMEE, FL, 34746 ☒ Change ☐ Addition

TITLE  
D  
NAME  
PATRICIA WATTS  
STREET ADDRESS  
1595 LONDON CT.  
CITY-ST-ZIP  
KISSIMMEE, FL, 34746 ☒ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

*A.C. Williams*

03/24/06 (407) 392-3519

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #