


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2007 08:00 AM
Secretary of State

DOCUMENT # 727800 1. Entity Name KISSIMMEE CHAPTER #87 OF AARP, INC.	
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Principal Place of Business 1550 ALDERS GATE DR KISSIMMEE, FL 34746 US	Mailing Address 1661 CALVIN CIR KISSIMMEE, FL 34746 US
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DO NOT WRITE IN THIS SPACE



01222007 No Chg-NP CR2E037 (4/06)

4. FEI Number 23-7305466	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

WILLIAMS, AC
1661 CALVIN CIR
KISSIMMEE, FL 34746

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IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WILLIAMS, ARIMENTHA 1661 CALVIN CIR KISSIMMEE, FL 34746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WORTKOETTER, GEORGIA 3610 #7 NORTHGATE DR. KISSIMMEE, FL 34746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SPIECKER, LILY 3610 #9 NORTHGATE DR KISSIMMEE, FL 34746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIENER, RICHARD L 4260 VILLAGE DR APT 117 KISSIMMEE, FL 34746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COLLINS, GORDON 1565 PARKGATE DR KISSIMMEE, FL 34746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATTS, PATRICIA 1505 LONDON CT KISSIMMEE, FL 34746

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04/19/07-80003-025 61.25

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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: Stowell C. Williams 04/05/2007 - 407-932-3519
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #