

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 18, 2008 8:00 am**  
**Secretary of State**

03-18-2008 90018 040 \*\*\*\*61.25

**DOCUMENT # 727800**

1. Entity Name

KISSIMMEE CHAPTER #87 OF AARP, INC.



Principal Place of Business

1550 ALDERS GATE DR  
KISSIMMEE FL 34746  
US

Mailing Address

1661 CALVIN CIR  
KISSIMMEE FL 34746  
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

23-7305466

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILLIAMS, AC  
1661 CALVIN CIR  
KISSIMMEE FL 34746

Name

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

City

**FL**

Zip Code

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

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

(NOTE: Registered Agent signature required when registering)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By: May 1, 2008**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME V  
STREET ADDRESS WILLIAMS, ARIMENTHA  
CITY-ST-ZIP 1661 CALVIN CIR  
KISSIMMEE FL 34746

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

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

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

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

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

TITLE ☒ Delete  
NAME D  
STREET ADDRESS DIENER, RICHARD L  
CITY-ST-ZIP 4260 VILLAGE DR APT 117  
KISSIMMEE FL 34746

TITLE ☒ Change ☐ Addition  
NAME D  
STREET ADDRESS HARRIS, OTIS  
CITY-ST-ZIP 4260 VILLAGE DR APT 107  
KISSIMMEE, FL 34746

TITLE ☐ Delete  
NAME D  
STREET ADDRESS COLLINS, GORDON  
CITY-ST-ZIP 1565 PARKGATE DR  
KISSIMMEE FL 34746

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS WATTS, PATRICIA  
CITY-ST-ZIP 1595 LONDON CT  
KISSIMMEE FL 34746

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Andrew Williams*

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