

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727800

FILED  
Mar 21, 2009  
Secretary of State

Entity Name: KISSIMMEE CHAPTER #87 OF AARP, INC.

## Current Principal Place of Business:

1550 ALDERS GATE DR  
KISSIMMEE, FL 34746 US

## New Principal Place of Business:

## Current Mailing Address:

1661 CALVIN CIR  
KISSIMMEE, FL 34746 US

## New Mailing Address:

4260-107 VILLAGE DR.  
KISSIMMEE, FL 34746 US

FEI Number: 23-7305466

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

WILLIAMS, AC  
1661 CALVIN CIR  
KISSIMMEE, FL 34746 US

## Name and Address of New Registered Agent:

OTIS HARRIS, PRESIDENT  
4260-107 VILLAGE DR.  
KISSIMMEE, FL 34746 US

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.

SIGNATURE: OTIS HARRIS

03/21/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: V ( ) Delete  
Name: WILLIAMS, ARIMENTHA  
Address: 1661 CALVIN CIR  
City-St-Zip: KISSIMMEE, FL 34746

Title: T ( ) Delete  
Name: WORTKOETTER, GEORGIA  
Address: 3610 #7 NORTHGATE DR.  
City-St-Zip: KISSIMMEE, FL 34746

Title: S ( ) Delete  
Name: SPIECKER, LILY  
Address: 3610 #9 NORTHGATE DR  
City-St-Zip: KISSIMMEE, FL 34746

Title: D ( ) Delete  
Name: HARRIS, OTIS  
Address: 4260 VILLAGE DR APT 107  
City-St-Zip: KISSIMMEE, FL 34746

Title: D ( ) Delete  
Name: COLLINS, GORDON  
Address: 1565 PARKGATE DR  
City-St-Zip: KISSIMMEE, FL 34746

Title: D ( ) Delete  
Name: WATTS, PATRICIA  
Address: 1595 LONDON CT  
City-St-Zip: KISSIMMEE, FL 34746

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V.P. (X) Change ( ) Addition  
Name: BRUCE CARDIELLO V., P.  
Address: 4101-10 NORTHGATE DR.  
City-St-Zip: KISSIMMEE, FL 34746

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: COLLINS, ILSE  
Address: 1565 PARKGATE DR.  
City-St-Zip: KISSIMMEE, FL 34746

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: OTIS HARRIS

PRES

03/21/2009

Electronic Signature of Signing Officer or Director

Date