

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N42707 (2)**  
1. Corporation Name  
**KATHLEEN AREA HISTORICAL SOCIETY, INC.**



Principal Place of Business Mailing Address  
**P.O. BOX 977 KATHLEEN FL 33849-0977** **P.O. BOX 977 KATHLEEN FL 33849-0977**

3. Date Incorporated or Qualified **03/25/1991** 3a. Date of Last Report **05/01/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.		<b>SAME</b>		<b>59-3050670</b>	Not Applicable
22	22. City & State	27	27. City & State	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
	City & State		City & State			<input type="checkbox"/> \$5.00 May Be Added to Fees
23	23. Zip	28	28. Zip	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
	Country		Country			
24	24. Zip	29	29. Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Country		Country			

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**BATH J.D.  
1925 DUFF RD.  
LAKELAND FL 33809**

81 Name **NETTIE WATKINS**  
82 Street Address (P.O. Box Number is Not Acceptable) **2520 S. SAN GULLY Rd.**  
83 ~~LA~~  
84 City **LAKELAND** FL 85 Zip Code **33803**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **NETTIE WATKINS - DIRECTOR-PRES. Nettie Watkins 2/16/96**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DP</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>DP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BATH J.D.</b>	1.2 NAME	<b>NETTIE WATKINS</b>
STREET ADDRESS	<b>1925 DUFF RD.</b>	1.3 STREET ADDRESS	<b>2520 S. SAN GULLY Rd.</b>
CITY-ST-ZIP	<b>LAKELAND FL 33809</b>	1.4 CITY-ST-ZIP	<b>LAKELAND, FL. 33803</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TAUGH, GAIL</b>	2.2 NAME	
STREET ADDRESS	<b>7503 WILLOW WISP DR. W.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKELAND FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STALVEY, BYRON I.</b>	3.2 NAME	
STREET ADDRESS	<b>6816 CATHERINE RD.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>KATHLEEN FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SAWYER, PHILIP</b>	4.2 NAME	
STREET ADDRESS	<b>520 FULTON GREEN RD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKELAND FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<b>D. TREASURER</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WATKINS, JAMES A.</b>	5.2 NAME	<b>HAROLD L. BROSBIE</b>
STREET ADDRESS	<b>3205 SHADY OAK DR. EAST</b>	5.3 STREET ADDRESS	<b>925 W. SOCRUM LOOP Rd.</b>
CITY-ST-ZIP	<b>LAKELAND FL</b>	5.4 CITY-ST-ZIP	<b>LAKELAND FL. 33809</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ELLIOTT, BECKY H.</b>	6.2 NAME	
STREET ADDRESS	<b>7525 CATHERINE RD</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKELAND FL</b>	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **HAROLD L. BROSBIE - Harold L. Brosie 2/16/96 (941) 859-6315**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)