

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42707

FILED
Apr 16, 2009
Secretary of State

Entity Name: KATHLEEN AREA HISTORICAL SOCIETY, INC.

Current Principal Place of Business:

8950 N CAMPBELL ROAD
LAKELAND, FL 33810

New Principal Place of Business:

Current Mailing Address:

PO BOX 977
KATHLEEN, FL 338490977

New Mailing Address:

FEI Number: 59-3050670 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, BETTY A
6215 CHEATWOOD DR
KATHLEEN, FL 33849 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GRIMES, ELAINE
Address: 8935 SELPH RD
City-St-Zip: LAKELAND, FL 33810

Title: DS () Delete
Name: TAUGH, GAIL
Address: 8017 MAGNOLIA RIDGE DR
City-St-Zip: LAKELAND, FL 33810

Title: T () Delete
Name: PHILLIPS, BEVERLY
Address: 847 LAKEHURST STREET
City-St-Zip: LAKELAND, FL 33805

Title: CS () Delete
Name: BARE, THERESA
Address: 2317 DUFF RD
City-St-Zip: LAKELAND, FL 33810

Title: WS () Delete
Name: WALKER, LOLA
Address: 3205 SHADY OAK DR E
City-St-Zip: LAKELAND, FL 33810

Title: TR () Delete
Name: RIMMER-DAVIS, AUDREY
Address: 5522 FLAMINGO AVE
City-St-Zip: LAKELAND, FL 33809

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: T (X) Change () Addition
Name: MERILYN, BROWN
Address: 360 WALDORFF DRIVE
City-St-Zip: AUBURNDALE, FL 33823

Title: CS (X) Change () Addition
Name: THOMAS, MARGARET
Address: 205 MARBLE
City-St-Zip: LAKELAND, FL 33809

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

Title: TR (X) Change () Addition
Name: WATKINS, JIM
Address: 3205 SHADY OAK DRIVE E
City-St-Zip: LAKELAND, FL 33810

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: ELAINE E. GRIMES

Electronic Signature of Signing Officer or Director

PRES

04/16/2009

_____ Date