

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.		Suite, Apt. #, etc.		59-3050670	Not Applicable
22	22	27	27	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
	City & State		City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
23	23	28	28	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
24	24	25	25	29	29	30
	Zip		Country		Zip	Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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