

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

P.O. BOX 977
KATHLEEN FL 33849-0977

Mailing Address

P.O. BOX 977
KATHLEEN FL 33849-0977

3. Date Incorporated or Qualified
03/25/1991

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

SAME

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

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

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

TITLE **DP** ☒ DELETE
NAME **BATH J.D.**
STREET ADDRESS **1925 DUFF RD.**
CITY-ST-ZIP **LAKELAND FL 33809**

TITLE **D** ☐ DELETE
NAME **TAUGH, GAIL**
STREET ADDRESS **7503 WILLOW WISP DR. W.**
CITY-ST-ZIP **LAKELAND FL**

TITLE **D** ☐ DELETE
NAME **STALVEY, BYRON I.**
STREET ADDRESS **6816 CATHERINE RD.**
CITY-ST-ZIP **KATHLEEN FL**

TITLE **D** ☐ DELETE
NAME **SAWYER, PHILIP**
STREET ADDRESS **520 FULTON GREEN RD**
CITY-ST-ZIP **LAKELAND FL**

TITLE **D** ☒ DELETE
NAME **WATKINS, JAMES A.**
STREET ADDRESS **3205 SHADY OAK DR. EAST**
CITY-ST-ZIP **LAKELAND FL**

TITLE **D** ☐ DELETE
NAME **ELLIOTT, BECKY H.**
STREET ADDRESS **7525 CATHERINE RD**
CITY-ST-ZIP **LAKELAND FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DP** ☒ Change ☐ Addition
1.2 NAME **NETTIE WATKINS**
1.3 STREET ADDRESS **2520 S. SAN GULLY RD.**
1.4 CITY-ST-ZIP **LAKELAND, FL. 33803**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE **D. TREASURER** ☒ Change ☐ Addition
5.2 NAME **HAROLD L. BRODIE**
5.3 STREET ADDRESS **825 W. SOCRUM LOOP RD.**
5.4 CITY-ST-ZIP **LAKELAND FL. 33809**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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. BRODIE - Harold L. Brodie 2/16/96 (941) 859-6315**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)