


FILE NOW: FILING FEE IS \$61.25

FILED
May 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified
03/25/1991

4. FEI Number
59-3050670

Applied For	Not Applicable
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**STALVEY, BYRON I
 4094 SECOND STREET N.W.
 LAKELAND FL 33810**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	STALVEY, BYRON I	
STREET ADDRESS	4094 SECOND STREET N.W.	
CITY - ST - ZIP	LAKELAND FL 33810	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	TAUGH, GAIL	
STREET ADDRESS	7503 WILLOW WISP DR. W.	
CITY - ST - ZIP	LAKELAND FL 33810	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	BROOKS, DORIS I	
STREET ADDRESS	725 W. SOCRUM LOOP RD.	
CITY - ST - ZIP	LAKELAND FL 33809	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	WILLIAMS, BETTY ANN	
STREET ADDRESS	P.O. BOX 172 N/A	
CITY - ST - ZIP	KATHLEEN FL 33849	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	BROSIE, HAROLD	
STREET ADDRESS	825 W. SOCRUM LOOP ROAD	
CITY - ST - ZIP	LAKELAND FL 33809	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	HUTTON, DOUGLAS	
STREET ADDRESS	3720 KATHLEEN PINES P.O. BOX 8	
CITY - ST - ZIP	KATHLEEN FL 33849	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Byron I. Stalvey* **BYRON I. STALVEY** 1-17-98 941-648-3206

CR2E037 (10/97)