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NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N42707

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

03/25/1991

4. FEI Number

59-3050670

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Election Campaign Financing
 Trust Fund Contribution

\$5.00 May Be
 Added to Fees

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 **Betty Ann Williams**

82 Street Address (P.O. Box Number is Not Acceptable)
6215 Cheatwood Dr, P.O. Box 172

83 **Kathleen**

84 City **FL** 85 Zip Code **33849**

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 *Betty Ann Williams* **Betty Ann Williams DP** **2-11-99**
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 **STALVEY, BYRON I**
 STREET ADDRESS **4094 SECOND STREET N.W.**
 CITY-ST-ZIP **LAKELAND FL 33810**

TITLE **DS** DELETE
 NAME **TAUGH, GAIL**
 STREET ADDRESS **7503 WILLOW WISP DR. W.**
 CITY-ST-ZIP **LAKELAND FL 33810**

TITLE **DT** DELETE
 NAME **BROOKS, DORIS I**
 STREET ADDRESS **725 W. SOCRUM LOOP RD.**
 CITY-ST-ZIP **LAKELAND FL 33809**

TITLE **DT** DELETE
 NAME **WILLIAMS, BETTY ANN**
 STREET ADDRESS **P.O. BOX 172 N/A**
 CITY-ST-ZIP **KATHLEEN FL 33849**

TITLE **DT** DELETE
 NAME **BROSIE, HAROLD**
 STREET ADDRESS **825 W. SOCRUM LOOP ROAD**
 CITY-ST-ZIP **LAKELAND FL 33809**

TITLE **DV** 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 **DP** Change Addition
 1.2 NAME **Williams, Betty Ann**
 1.3 STREET ADDRESS **6215 Cheatwood Dr, P.O. Box 172**
 1.4 CITY-ST-ZIP **Kathleen, FL 33849-0172**

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 **DT** Change Addition
 4.2 NAME **Smith, Levie**
 4.3 STREET ADDRESS **515 Laurel Lane**
 4.4 CITY-ST-ZIP **Lakeland, FL 33813**

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change 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)(i), 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, with all other like empowered.

SIGNATURE: *Betty Ann Williams* **Betty Ann Williams DP** **2-11-99** **941 858-2383**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)