

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 05, 2002 8:00 am**  
**Secretary of State**

UNIFORM

**DOCUMENT # N42707**

1. Entity Name

**KATHLEEN AREA HISTORICAL SOCIETY, INC.**

03-05-2002 90063 032 \*\*\*\*70.00

Principal Place of Business

Mailing Address

P.O. BOX 977  
 KATHLEEN FL 33849-0977

P.O. BOX 977  
 KATHLEEN FL 33849-0977

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3050670**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILLIAMS, BETTY A**  
**6215 CHEATWOOD DR**  
**PO BOX 172**  
**KATHLEEN FL 33849**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                                |  |
|----------------|--------------------------------|--|
| TITLE          | DP                             | <input type="checkbox"/> Delete            |
| NAME           | WILLIAMS, BETTY A              |  |
| STREET ADDRESS | 6215 CHEATWOOD DR PO BOX 172   |  |
| CITY-ST-ZIP    | KATHLEEN FL 33849-0172         |  |
| 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           | ROBAK, LILLIE M                |  |
| STREET ADDRESS | 217 NORTH GALLOWAY ROAD        |  |
| CITY-ST-ZIP    | LAKELAND FL 33815              |  |
| TITLE          | DS                             | <input type="checkbox"/> Delete            |
| NAME           | MAYHEW, BONNIE                 |  |
| STREET ADDRESS | 2363 SEA ISLAND CIRCLE SOUTH   |  |
| CITY-ST-ZIP    | LAKELAND FL 33810              |  |
| TITLE          | DV                             | <input checked="" type="checkbox"/> Delete |
| NAME           | THOMAS, WILTON                 |  |
| STREET ADDRESS | 1920 CHRISTY LANE              |  |
| CITY-ST-ZIP    | LAKELAND FL 33813              |  |
| TITLE          | DV                             | <input checked="" type="checkbox"/> Delete |
| NAME           | HUTTON, DOUGLAS                |  |
| STREET ADDRESS | 3720 KATHLEEN PINES P.O. BOX 8 |  |
| CITY-ST-ZIP    | KATHLEEN FL 33849              |  |

|                |                        |  |
|----------------|------------------------|--|
| TITLE          | D (ONLY)               | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                        |  |
| STREET ADDRESS |                        |  |
| CITY-ST-ZIP    |                        |  |
| TITLE          |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                        |  |
| STREET ADDRESS |                        |  |
| CITY-ST-ZIP    |                        |  |
| TITLE          |                        | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                        |  |
| STREET ADDRESS |                        |  |
| CITY-ST-ZIP    |                        |  |
| TITLE          | DP                     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | BRYAN ELLEN IRENE      |  |
| STREET ADDRESS | 3925 S.B. MERRION ROAD |  |
| CITY-ST-ZIP    | LAKELAND, FL 33810     |  |
| TITLE          | DV                     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | CASE, CHERYL           |  |
| STREET ADDRESS | 5840 ROSS CREEK ROAD   |  |
| CITY-ST-ZIP    | LAKELAND, FL 33810     |  |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *[Signature]* **TREASURER** 2/15/02 (863)688-2545

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

# Attachment #N42707



*Kathleen Area Historical Society*

P.O. Box 977

Kathleen, FL. 33849-0977

Phone: ~~(941) 859-3347~~

Fax: ~~(941) 859-2317~~

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RE: 2002 UNIFORM BUSINESS REPORT  
CONTINUATION OF OFFICERS

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ADD

DV

BARE, THERESA

2317 DUFF ROAD

LAKELAND, FL 33810

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D

BROOKS, DORIS

725 W. SOCRUM LOOP ROAD

LAKELAND, FL 33809

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D

GLISSON, DORIS

6816 CATHERINE RD., P.O. BOX 254

KATHLEEN, FL 33849