

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 **P.O. BOX 977**
KATHLEEN FL 33849-0977 **KATHLEEN FL 33849-0977**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **59-3050670** Applied For
 Not Applicable

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	DP WILLIAMS, BETTY A 6215 CHEATWOOD DR PO BOX 172 KATHLEEN FL 33849-0172	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS TAUGH, GAIL 7503 WILLOW WISP DR. W. LAKELAND FL 33810	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT ROBAK, LILLIE M 217 NORTH GALLOWAY ROAD LAKELAND FL 33815	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MAYHEW, BONNIE 2363 SEA ISLAND CIRCLE SOUTH LAKELAND FL 33810	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV THOMAS, WILTON 1920 CHRISTY LANE LAKELAND FL 33813	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV HUTTON, DOUGLAS 3720 KATHLEEN PINES P.O. BOX 8 KATHLEEN FL 33849	<input checked="" type="checkbox"/> Delete

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

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~~

32 866 8

RE: 2002 UNIFORM BUSINESS REPORT
CONTINUATION OF OFFICERS

ADD

DV

BARE, THERESA

2317 DUFF ROAD

LAKELAND, FL 33810

D

BROOKS, DORIS

725 W. SOCRUM LOOP ROAD

LAKELAND, FL 33809

D

GLISSON, DORIS

6816 CATHERINE RD., P.O. BOX 254

KATHLEEN, FL 33849