

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

2005 FEB 10 PM 1:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N42707

1. Entity 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

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



1st MOORE

CR2E037 (10/04)

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME WILLIAMS, BETTY A
STREET ADDRESS 6215 CHEATWOOD DR PO BOX 172
CITY-ST-ZIP KATHLEEN FL 33849-0172

TITLE DS ☐ Delete
NAME TAUGH, GAIL
STREET ADDRESS 8017 MAGNOLIA RIDGE DR
CITY-ST-ZIP LAKELAND FL 33810

TITLE DT ☐ Delete
NAME ROBAK, LILLIE M
STREET ADDRESS 217 NORTH GALLOWAY ROAD
CITY-ST-ZIP LAKELAND FL 33815

TITLE DS ☐ Delete
NAME MAYHEW, BONNIE
STREET ADDRESS 2363 SEA ISLAND CIRCLE SOUTH
CITY-ST-ZIP LAKELAND FL 33810

TITLE D ☐ Delete
NAME BRYAN, ELLEN IRENE
STREET ADDRESS 3925 SB MERRION RD
CITY-ST-ZIP LAKELAND FL 33810

TITLE DV ☐ Delete
NAME CASE, CHERYL
STREET ADDRESS 5840 ROSS CREEK RD
CITY-ST-ZIP LAKELAND FL 33810

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Lillie M. Robak* LILLIE M. ROBAK 2-7-05 (663) 688-2545
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR TREASURER Date Daytime Phone #

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KATHLEEN AREA HISTORICAL SOCIETY, INC.

ITEM #10 CONT'D:

DP

Grimes, Elaine E.
8935 Selph Road
Lakeland, FL 33810

DV

McCraney, Ann
4640 Swindell Road
Lakeland, FL 33810

D

Glisson, Doris
6815 Catherine Road
P. O. Box 254
Kathleen, FL 33849