

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N42707

**FILED**  
**Apr 05, 2010**  
**Secretary of State**

**Entity Name:** KATHLEEN AREA HISTORICAL SOCIETY, INC.

**Current Principal Place of Business:**

8950 N CAMPBELL ROAD  
LAKELAND, FL 33810

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 977  
KATHLEEN, FL 338490977

**New Mailing Address:**

**FEI Number:** 59-3050670

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WILLIAMS, BETTY A  
6215 CHEATWOOD DR  
KATHLEEN, FL 33849 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: THOMA, GLEN  
Address: 205 MARBLE  
City-St-Zip: LAKELAND, FL 33809

Title: DS  
Name: TAUGH, GAIL  
Address: 8017 MAGNOLIA RIDGE DR  
City-St-Zip: LAKELAND, FL 33810

Title: T  
Name: MERILYN, BROWN  
Address: 360 WALDORFF DRIVE  
City-St-Zip: AUBURNDALE, FL 33823

Title: CS  
Name: THOMAS, MARGARET  
Address: 205 MARBLE  
City-St-Zip: LAKELAND, FL 33809

Title: WS  
Name: WALKER, LOLA  
Address: 3205 SHADY OAK DR E  
City-St-Zip: LAKELAND, FL 33810

Title: TR  
Name: WATKINS, JIM  
Address: 3205 SHADY OAK DRIVE E  
City-St-Zip: LAKELAND, FL 33810

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JIM WATKINS

TR

04/05/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date