

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90124 031 ****70.00

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **8017 MAGNOLIA RIDGE DRIVE**
CITY-ST-ZIP

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

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

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

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

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

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

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

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** 2-22-03 (863) 688-2545

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)

Attached + 90036770

FLORIDA DIVISION OF CORPORATIONS

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PAGE 2

CONTINUATION OF ITEM #10

DV

Theresa Bare
2317 Duff Road
Lakeland, FL 33810

D

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

D

Doris Brooks
725 W. Socrum Loop Road
Lakeland, FL 33809