


# 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  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

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

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

7. Name and Address of New Registered Agent

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 \_\_\_\_\_ 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 Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WILLIAMS, BETTY A</b> <b>6215 CHEATWOOD DR PO BOX 172</b> <b>KATHLEEN FL 33849-0172</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS</b> <b>TAUGH, GAIL</b> <b>7603 WILLOW WISP DR-W</b> <b>LAKELAND FL 33810</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DT</b> <b>ROBAK, LILLIE M</b> <b>217 NORTH GALLOWAY ROAD</b> <b>LAKELAND FL 33815</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS</b> <b>MAYHEW, BONNIE</b> <b>2363 SEA ISLAND CIRCLE SOUTH</b> <b>LAKELAND FL 33810</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DP</b> <b>BRYAN, ELLEN IRENE</b> <b>3925 SB MERRION RD</b> <b>LAKELAND FL 33810</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV</b> <b>CASE, CHERYL</b> <b>5840 ROSS CREEK RD</b> <b>LAKELAND FL 33810</b>	<input type="checkbox"/> Delete	TITLE 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) 2-22-03 (863) 688-2545

CR2E037 (10/02)

Attached + 90036770

FLORIDA DIVISION OF CORPORATIONS

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

KATHLEEN AREA HISTORICAL SOCIETY, INC.  
DOCUMENT #N42707

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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