

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N42707

**FILED**  
**Feb 11, 2015**  
**Secretary of State**  
**CC1729816548**

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

**Current Principal Place of Business:**

8950 N CAMPBELL ROAD  
LAKELAND, FL 33810

**Current Mailing Address:**

PO BOX 977  
KATHLEEN, FL 33849-0977 US

**FEI Number:** 59-3050670

**Certificate of Status Desired:** No

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

MURPHY, LOIS S  
12745 MOORE ROAD  
LAKELAND, FL 33809 US

*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:** LOIS S. MURPHY

02/11/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name MURPHY, LOIS S  
Address 12745 MOORE ROAD  
City-State-Zip: LAKELAND FL 33809

Title ASST. TREASURER  
Name BROWN, ESTHER  
Address 360 WALDORFF DRIVE  
City-State-Zip: AUBURNDALE FL 33823

Title T  
Name SHERROUSE, REBECCA E  
Address 3551 DALTON S LANE  
City-State-Zip: LAKELAND FL 33810

Title DS  
Name TAUGH, GAIL  
Address 8017 MAGNOLIA DRIVE  
City-State-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:** LOIS S. MURPHY

**PRESIDENT**

02/11/2015

Electronic Signature of Signing Officer/Director Detail

Date