

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
**1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

MAY - 1 AM 9:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N42707 (2)**

1. Corporation Name

**KATHLEEN AREA HISTORICAL SOCIETY, INC.**

Principal Place of Business

Mailing Address

P.O. BOX 977  
KATHLEEN FL 33849-0977

P.O. BOX 977  
KATHLEEN FL 33849-0977

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**03/25/1991**

3b. Date of Last Report

**05/01/1994**

4. FEI Number

**59-3050670**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

**\$5.00 May Be  
Added to Fees**

7. Nonprofit with IRS 501(c)(3)  
Tax Exempt Status

**\$68.75 Supplemental  
Fee Not Required**

8. This corporation has liability for intangible tax under § 199.039,  
Florida Statutes  Yes  No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc

Suite, Apt. # etc

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BATH J.D.  
1925 DUFF RD.  
LAKELAND FL 33809**

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

**FL**

B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

J.D. BATH PRES/D

4-27-95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>DP</b>
NAME	<b>BATH J.D.</b>
STREET ADDRESS	<b>1925 DUFF RD.</b>
CITY, ST, ZIP	<b>LAKELAND FL 33809</b>
TITLE	<b>D</b>
NAME	<b>TAUGH, GAIL</b>
STREET ADDRESS	<b>7503 WILLOW WISP DR. W.</b>
CITY, ST, ZIP	<b>LAKELAND FL</b>
TITLE	<b>D</b>
NAME	<b>STALVEY, BYRON I.</b>
STREET ADDRESS	<b>6816 CATHERINE RD.</b>
CITY, ST, ZIP	<b>KATHLEEN FL</b>
TITLE	<b>D</b>
NAME	<b>SAWYER, PHILIP</b>
STREET ADDRESS	<b>520 FULTON GREEN RD</b>
CITY, ST, ZIP	<b>LAKELAND FL</b>
TITLE	<b>D</b>
NAME	<b>WATKINS, JAMES A.</b>
STREET ADDRESS	<b>3205 SHADY OAK DR. EAST</b>
CITY, ST, ZIP	<b>LAKELAND FL</b>
TITLE	<b>D</b>
NAME	<b>ELLIOTT, BECKY H.</b>
STREET ADDRESS	<b>7525 CATHERINE RD</b>
CITY, ST, ZIP	<b>LAKELAND FL</b>

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 liquidator empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with my address.

SIGNATURE:

James A. Watkins  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JAMES A WATKINS**

4-27-95  
DATE

813-6876369  
TELEPHONE NUMBER