

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**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**

3. Date Incorporated or Qualified **03/25/1991** 3a. Date of Last Report **05/01/1995**  
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**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 **SAME**  
22 City & State 27 City & State  
23 Zip 28 Zip 29 Country 30 Country

9. Name and Address of Current Registered Agent  
**BATH J.D.  
1925 DUFF RD.  
LAKELAND FL 33809**

10. Name and Address of New Registered Agent  
81 Name **NETTIE WATKINS**  
82 Street Address (P.O. Box Number is Not Acceptable) **2520 S. SAN GULLY Rd.**  
83 ~~LA~~  
84 City **LAKELAND** FL 85 Zip Code **33803**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE **NETTIE WATKINS - DIRECTOR-PRES. Nettie Watkins 2/16/96**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	<b>DP</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>DP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BATH J.D.</b>	1.2 NAME <b>NETTIE WATKINS</b>
STREET ADDRESS	<b>1925 DUFF RD.</b>	1.3 STREET ADDRESS <b>2520 S. SAN GULLY Rd.</b>
CITY-ST-ZIP	<b>LAKELAND FL 33809</b>	1.4 CITY-ST-ZIP <b>LAKELAND, FL. 33803</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TAUGH, GAIL</b>	2.2 NAME
STREET ADDRESS	<b>7503 WILLOW WISP DR. W.</b>	2.3 STREET ADDRESS
CITY-ST-ZIP	<b>LAKELAND FL</b>	2.4 CITY-ST-ZIP
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STALVEY, BYRON I.</b>	3.2 NAME
STREET ADDRESS	<b>6816 CATHERINE RD.</b>	3.3 STREET ADDRESS
CITY-ST-ZIP	<b>KATHLEEN FL</b>	3.4 CITY-ST-ZIP
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SAWYER, PHILIP</b>	4.2 NAME
STREET ADDRESS	<b>520 FULTON GREEN RD</b>	4.3 STREET ADDRESS
CITY-ST-ZIP	<b>LAKELAND FL</b>	4.4 CITY-ST-ZIP
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE <b>D. TREASURER</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WATKINS, JAMES A.</b>	5.2 NAME <b>HAROLD L. BROSBIE</b>
STREET ADDRESS	<b>3205 SHADY OAK DR. EAST</b>	5.3 STREET ADDRESS <b>925 W. SOCRUM LOOP Rd.</b>
CITY-ST-ZIP	<b>LAKELAND FL</b>	5.4 CITY-ST-ZIP <b>LAKELAND FL. 33809</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ELLIOTT, BECKY H.</b>	6.2 NAME
STREET ADDRESS	<b>7525 CATHERINE RD</b>	6.3 STREET ADDRESS
CITY-ST-ZIP	<b>LAKELAND FL</b>	6.4 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)(k), 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 trustee 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 an address.

SIGNATURE: **HAROLD L. BROSBIE - Harold L. Brosie 2/16/96 (941) 859-6315**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)