


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Sep 25 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N42707 (2)
 1. Corporation Name
 KATHLEEN AREA HISTORICAL SOCIETY, INC.

9
 03/25/1991 - 02/20/1996
 ***\$61.25



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

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip 24 Country 25 28 Zip 29 Country 30

3. Date Incorporated or Qualified 03/25/1991 3a. Date of Last Report 02/20/1996
 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 owes or has paid the current year Intangible Personal Property Tax due June 30 Yes No

9. Name and Address of Current Registered Agent
 WATKINS, NETTIE
 2520 S. SAN GULLY ROAD
 LAKELAND FL 33803

10. Name and Address of New Registered Agent
 81 Name BYRON I. STALVEY
 82 Street Address (P.O. Box Number is Not Acceptable) 4094 SECOND STREET N.W.
 83
 84 City LAKELAND FL 85 Zip Code 33810

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 *Byron I. Stalvey* 7-17-97
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering) DATE

12. OFFICERS AND DIRECTORS	
TITLE	DP <input checked="" type="checkbox"/> DELETE
NAME	WATKINS, NETTIE
STREET ADDRESS	2520 S. SAN GULLY ROAD
CITY-ST-ZIP	LAKELAND FL
TITLE	D <input type="checkbox"/> DELETE
NAME	TAUGH, GAIL
STREET ADDRESS	7503 WILLOW WISP DR. W.
CITY-ST-ZIP	LAKELAND FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	STALVEY, BYRON I.
STREET ADDRESS	6816 CATHERINE RD.
CITY-ST-ZIP	KATHLEEN FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	SAWYER, PHILIP
STREET ADDRESS	520 FULTON GREEN RD
CITY-ST-ZIP	LAKELAND FL
TITLE	DT <input type="checkbox"/> DELETE
NAME	BROSIE, HAROLD
STREET ADDRESS	825 W. SOCRUM LOOP ROAD
CITY-ST-ZIP	LAKELAND FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	ELLIOTT, BECKY H.
STREET ADDRESS	7525 CATHERINE RD
CITY-ST-ZIP	LAKELAND FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BYRON I STALVEY
1.3 STREET ADDRESS	4094 SECOND STREET N.W
1.4 CITY-ST-ZIP	LAKELAND, FL 33810
2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DS GAIL TAUGH
2.3 STREET ADDRESS	7503 Willow Wisp Dr. W
2.4 CITY-ST-ZIP	LAKELAND FL 33810
3.1 TITLE	DTR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DORIS I. BROOKS
3.3 STREET ADDRESS	725 W. SOCRUM LOOP RD.
3.4 CITY-ST-ZIP	LAKELAND, FL 33809
4.1 TITLE	DTR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	BETTY ANN WILLIAMS
4.3 STREET ADDRESS	P.O. BOX 172 (N/A)
4.4 CITY-ST-ZIP	KATHLEEN FL 33849
5.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	HAROLD BROSSIE
5.3 STREET ADDRESS	825 N. SOCRUM LOOP RD.
5.4 CITY-ST-ZIP	LAKELAND, FL 33809
6.1 TITLE	DV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	DOUGLAS HUTTON
6.3 STREET ADDRESS	3730 KATHLEEN PINES PD. BX. 8
6.4 CITY-ST-ZIP	KATHLEEN FL 33849

14. I do 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 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.

Harold Brosie 8/25/97
 HAROLD BROSSIE 8/25/97 Harold P. Brosie 8/25/97 (941) 859-6315

CR2E037 (4/97)