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).

NONPROFIT . CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Sep 25 1997 8:00am

Secretary of State

Sandra B. Morti am Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N42707 (2) KATHLEEN AREA HISTORICAL SOCIETY, INC.				-03/20/3101002011 ***61.25	
Principal Place of Business Mailing Address					
P.O.BOX 977 P.O.BOX 977		v		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified 3a. Date of Last Report 03/25/1991 02/20/1996	
		2a. Mailing Address		4. FEI Number Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-3050670 Not Applicable \$8,75 Additional	
22		27		5. Certificate of Status Desired Fee Required	
City & State		City & State		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible	
24 25 29 30 Personal Property Tax due June 30. X Yes \(\) No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					
Od Name -					
				DYKON L. STALVEY	
2520 S. SAN GULLY ROAD			Street /	Address (P.O. Box Number is Not Acceptable)	
LAKELAN	ID FL 33803		83		
			84 City	AKELAND FL 85 338/0	
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.					
agent. I am familiar with, and accept the obligations of, Section 617.0503, Floring Statutes.					
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTP projectered Agent signature required where required where required where required where required where required where the signature required where required where the signature required where the signature required where the signature required where required wher					
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	DELETE	1.1 TITLE	D P Change Addition	
NAME STREET ADDRESS	WATKINS, NETTIE 2520 S. SAN GULLY ROAD		1.2 NAME 1.3 STREET ADDRESS	BYRON I STALVEY WORDS	
CITY-ST-ZIP	LAKELAND FL		1.4 CITY-ST-ZIP	LAXEIANA, F/ 33810	
TITLE	D	DELETE	2.1 TITLE	DS GAZI TAUGH _ Change X Addition	
NAME	TAUGH, GAIL		2.2 NAME	7502 Will this Do to	
STREET ADDRESS	7503 WILLOW WISP DR. W.		2.3 STREET ADDRESS	7503 Willow Wisp DR. W	
CITY-ST-ZIP	LAKELAND FL	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE	LAICELAND FC 338/0 DTR X Change Addition	
NAME	D STALVEY, BYRON I.	ps better	3.2 NAME	DORIS I.BROOKS 715 W. SOCRUM LOOP Rd.	
STREET ADDRESS	6816 CATHERINE RD.		3.3 STREET ADDRESS	715 W. SOCRUM LOOP KE.	
CITY-ST-ZIP	KATHLEEN FL		3.4. CITY-ST-ZIP	LAKE/ANd, F/ 33809	
TITLE	D	🔀 DELETE	4.1 TITLE	DTR LAddition	
NAME	SAWYER, PHILIP		4. 2 NAME	BETTY ANN WILLIAMS	
STREET ADDRESS	520 FULTON GREEN RD		4.3 STREET ADDRESS	P.O. BOX 172 (NA) KATH LEEN F1 33849	
CITY-ST-ZIP TITLE	LAKELAND FL DT	DELETE	4.4 CITY+ST+ZIP 5.1 TITLE	Observe Address	
NAME	BROSIE, HAROLD	- Panale	5.2 NAME	HAROLD DROSTE	
STREET ADDRESS	825 W. SOCRUM LOOP ROAD		5.3 STREET ADDRESS	825 N. Socrum Loop Rd.	
CITY-ST-ZIP	LAKELAND FL		5.4 CITY-ST-ZIP	LAKELAND, FL 83809	
TITLE	D	DELETE	6.1 TITLE	⊅ V Addition	
NAME	ELLIOTT, BECKY H.		6.2 NAME	DOUGIAS HUTTON	
STREET ADDRESS	7525 CATHERINE RD		6.3 STREET ADDRESS	3720 KATHLEEN PINES PO.BY. 8 KATHLEEN E/ 33849 PO.BY. 8	
CITY-ST-ZIP	LAKELAND FL		6.4 CITY-ST-ZIP	KATULEEN E/ 33844'	

14. Ido 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 517, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.