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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N42707

1. Corporation Name
KATHLEEN AREA HISTORICAL SOCIETY, INC.

Principal Place of Business: P.O. BOX 977, KATHLEEN FL 33849-0977
 Mailing Address: P.O. BOX 977, KATHLEEN FL 33849-0977



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		03/25/1991	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3050670	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing <input type="checkbox"/>	
24		29		Trust Fund Contribution	
25		30		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
STALVEY, BYRON I 4094 SECOND STREET N.W. LAKELAND FL 33810				81	Name			Betty Ann Williams
				82	Street Address (P.O. Box Number is Not Acceptable)			6215 Cheatwood Dr, P.O. Box 172
				83	City			Kathleen
				84	City	FL	85	Zip Code

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: *Betty Ann Williams* Betty Ann Williams DP 2-11-99
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	DP <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STALVEY, BYRON I	1.2 NAME	Williams, Betty Ann
STREET ADDRESS	4094 SECOND STREET N.W.	1.3 STREET ADDRESS	6215 Cheatwood Dr, P.O. Box 172
CITY-ST-ZIP	LAKELAND FL 33810	1.4 CITY-ST-ZIP	Kathleen, FL 33849-0172
TITLE	DS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAUGH, GAIL	2.2 NAME	
STREET ADDRESS	7503 WILLOW WISP DR. W.	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33810	2.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROOKS, DORIS I	3.2 NAME	
STREET ADDRESS	725 W. SOCRUM LOOP RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33809	3.4 CITY-ST-ZIP	
TITLE	DT <input checked="" type="checkbox"/> DELETE	4.1 TITLE	DT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, BETTY ANN	4.2 NAME	Smith, Levie
STREET ADDRESS	P.O. BOX 172 N/A	4.3 STREET ADDRESS	515 Laurel Lane
CITY-ST-ZIP	KATHLEEN FL 33849	4.4 CITY-ST-ZIP	Lakeland, FL 33813
TITLE	DT <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROSIE, HAROLD	5.2 NAME	
STREET ADDRESS	825 W. SOCRUM LOOP ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33809	5.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUTTON, DOUGLAS	6.2 NAME	
STREET ADDRESS	3720 KATHLEEN PINES P.O. BOX 8	6.3 STREET ADDRESS	
CITY-ST-ZIP	KATHLEEN FL 33849	6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: *Betty Ann Williams* Betty Ann Williams DP 2-11-99 941 858-2383
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)