


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

2005 FEB 10 PM 1:46


SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N42707 1. Entity Name KATHLEEN AREA HISTORICAL SOCIETY, INC.	
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Principal Place of Business P.O. BOX 977 KATHLEEN FL 33849-0977	Mailing Address P.O. BOX 977 KATHLEEN FL 33849-0977
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Zip Country	City & State Zip Country
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1st MOORE CR2E037 (10/04)

4. FEI Number 59-3050670	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent WILLIAMS, BETTY A 6215 CHEATWOOD DR PO BOX 172 KATHLEEN FL 33849	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> Delete WILLIAMS, BETTY A 6215 CHEATWOOD DR PO BOX 172 KATHLEEN FL 33849-0172
TITLE	DS <input type="checkbox"/> Delete TAUGH, GAIL 8017 MAGNOLIA RIDGE DR LAKELAND FL 33810
TITLE	DT <input type="checkbox"/> Delete ROBAK, LILLIE M 217 NORTH GALLOWAY ROAD LAKELAND FL 33815
TITLE	DS <input type="checkbox"/> Delete MAYHEW, BONNIE 2363 SEA ISLAND CIRCLE SOUTH LAKELAND FL 33810
TITLE	D <input type="checkbox"/> Delete BRYAN, ELLEN IRENE 3925 SB MERRION RD LAKELAND FL 33810
TITLE	DV <input type="checkbox"/> Delete CASE, CHERYL 5840 ROSS CREEK RD LAKELAND FL 33810

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition 02/10/05 80084-0977 FL 33849
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Lillie M. Robak **LILLIE M. ROBAK** 2-7-05 (263) 688-2545
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #

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KATHLEEN AREA HISTORICAL SOCIETY, INC.

ITEM #10 CONT'D:

DP

Grimes, Elaine E.
8935 Selph Road
Lakeland, FL 33810

DV

McCraney, Ann
4640 Swindell Road
Lakeland, FL 33810

D

Glisson, Doris
6815 Catherine Road
P. O. Box 254
Kathleen, FL 33849