

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42707

FILED  
Apr 16, 2009  
Secretary of State

**Entity Name:** KATHLEEN AREA HISTORICAL SOCIETY, INC.

**Current Principal Place of Business:**

8950 N CAMPBELL ROAD  
LAKELAND, FL 33810

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 977  
KATHLEEN, FL 338490977

**New Mailing Address:**

**FEI Number:** 59-3050670

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WILLIAMS, BETTY A  
6215 CHEATWOOD DR  
KATHLEEN, FL 33849 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: GRIMES, ELAINE  
Address: 8935 SELPH RD  
City-St-Zip: LAKELAND, FL 33810

Title: DS ( ) Delete  
Name: TAUGH, GAIL  
Address: 8017 MAGNOLIA RIDGE DR  
City-St-Zip: LAKELAND, FL 33810

Title: T ( ) Delete  
Name: PHILLIPS, BEVERLY  
Address: 847 LAKEHURST STREET  
City-St-Zip: LAKELAND, FL 33805

Title: CS ( ) Delete  
Name: BARE, THERESA  
Address: 2317 DUFF RD  
City-St-Zip: LAKELAND, FL 33810

Title: WS ( ) Delete  
Name: WALKER, LOLA  
Address: 3205 SHADY OAK DR E  
City-St-Zip: LAKELAND, FL 33810

Title: TR ( ) Delete  
Name: RIMMER-DAVIS, AUDREY  
Address: 5522 FLAMINGO AVE  
City-St-Zip: LAKELAND, FL 33809

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T (X) Change ( ) Addition  
Name: MERILYN, BROWN  
Address: 360 WALDORFF DRIVE  
City-St-Zip: AUBURNDAL, FL 33823

Title: CS (X) Change ( ) Addition  
Name: THOMAS, MARGARET  
Address: 205 MARBLE  
City-St-Zip: LAKELAND, FL 33809

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TR (X) Change ( ) Addition  
Name: WATKINS, JIM  
Address: 3205 SHADY OAK DRIVE E  
City-St-Zip: LAKELAND, FL 33810

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELAINE E. GRIMES

PRES

04/16/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date