

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N42707

**FILED**  
**Jan 21, 2012**  
**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 US

**New Mailing Address:**

**FEI Number:** 59-3050670

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**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  
Name: MURPHY, LOIS S  
Address: 12745 MOORE ROAD  
City-St-Zip: LAKELAND, FL 33809 US

Title: VP  
Name: BATH, J.D.  
Address: 1925 DUFF ROAD  
City-St-Zip: LAKELAND, FL 33810 US

Title: T  
Name: WILKINS, PAMELA  
Address: 5351 SHARON TR  
City-St-Zip: LAKELAND, FL 33810 US

Title: DS  
Name: TAUGH, GAIL  
Address: 8017 MAGNOLIA DRIVE  
City-St-Zip: LAKELAND, FL 33810 US

Title: TR  
Name: WATKINS, JAMES A  
Address: 3205 SHADY OAK DR E  
City-St-Zip: LAKELAND, FL 33810 US

I hereby 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 all other like empowered.

SIGNATURE: BETTY A. WILLIAMS

TRS

01/21/2012

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

\_\_\_\_\_  
Date