

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

MAY - 1 AM 9:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N42707 (2)**

1. Corporation Name

KATHLEEN AREA HISTORICAL SOCIETY, INC.

Principal Place of Business

Mailing Address

P.O. BOX 977
KATHLEEN FL 33849-0977

P.O. BOX 977
KATHLEEN FL 33849-0977

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/25/1991

3b. Date of Last Report

05/01/1994

4. FEI Number

59-3050670

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under § 199.039,
Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc

22 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BATH J.D.
1925 DUFF RD.
LAKELAND FL 33809

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

J.D. BATH PRES/D

4-27-95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP
NAME	BATH J.D.
STREET ADDRESS	1925 DUFF RD.
CITY, ST, ZIP	LAKELAND FL 33809
TITLE	D
NAME	TAUGH, GAIL
STREET ADDRESS	7503 WILLOW WISP DR. W.
CITY, ST, ZIP	LAKELAND FL
TITLE	D
NAME	STALVEY, BYRON I.
STREET ADDRESS	6816 CATHERINE RD.
CITY, ST, ZIP	KATHLEEN FL
TITLE	D
NAME	SAWYER, PHILIP
STREET ADDRESS	520 FULTON GREEN RD
CITY, ST, ZIP	LAKELAND FL
TITLE	D
NAME	WATKINS, JAMES A.
STREET ADDRESS	3205 SHADY OAK DR. EAST
CITY, ST, ZIP	LAKELAND FL
TITLE	D
NAME	ELLIOTT, BECKY H.
STREET ADDRESS	7525 CATHERINE RD
CITY, ST, ZIP	LAKELAND FL

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 liquidator 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 my address.

SIGNATURE:

James A. Watkins
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES A. WATKINS

4-27-95 813-6876369