

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**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**

3. Date Incorporated or Qualified **03/25/1991** 3a. Date of Last Report **05/01/1995**  
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**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 **SAME**  
22 City & State 27 City & State  
23 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent  
**BATH J.D.  
1925 DUFF RD.  
LAKELAND FL 33809**

10. Name and Address of New Registered Agent  
81 Name **NETTIE WATKINS**  
82 Street Address (P.O. Box Number is Not Acceptable) **2520 S. SAN GULLY Rd.**  
83 ~~LA~~  
84 City **LAKELAND** FL 85 Zip Code **33803**

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 **NETTIE WATKINS - DIRECTOR-PRES. Nettie Watkins 2/16/96**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	NETTIE WATKINS	
1.3 STREET ADDRESS	2520 S. SAN GULLY Rd.	
1.4 CITY-ST-ZIP	LAKELAND, FL. 33803	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D. TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	HAROLD L. BROSBIE	
5.3 STREET ADDRESS	925 W. SOCRUM LOOP Rd.	
5.4 CITY-ST-ZIP	LAKELAND FL. 33809	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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)(k), 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.

SIGNATURE: **HAROLD L. BROSBIE - Harold L. Brosie 2/16/96 (941) 859-6315**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (12/95)