

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 05, 2002 8:00 am
Secretary of State

03-05-2002 90063 032 ****70.00

UBR0201

DOCUMENT # N42707

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3050670

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILLIAMS, BETTY A
6215 CHEATWOOD DR
PO BOX 172
KATHLEEN FL 33849

Name

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

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	<input type="checkbox"/> Delete
NAME	WILLIAMS, BETTY A	
STREET ADDRESS	6215 CHEATWOOD DR PO BOX 172	
CITY-ST-ZIP	KATHLEEN FL 33849-0172	
TITLE	DS	<input type="checkbox"/> Delete
NAME	TAUGH, GAIL	
STREET ADDRESS	7503 WILLOW WISP DR. W.	
CITY-ST-ZIP	LAKELAND FL 33810	
TITLE	DT	<input type="checkbox"/> Delete
NAME	ROBAK, LILLIE M	
STREET ADDRESS	217 NORTH GALLOWAY ROAD	
CITY-ST-ZIP	LAKELAND FL 33815	
TITLE	DS	<input type="checkbox"/> Delete
NAME	MAYHEW, BONNIE	
STREET ADDRESS	2363 SEA ISLAND CIRCLE SOUTH	
CITY-ST-ZIP	LAKELAND FL 33810	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	THOMAS, WILTON	
STREET ADDRESS	1920 CHRISTY LANE	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	HUTTON, DOUGLAS	
STREET ADDRESS	3720 KATHLEEN PINES P.O. BOX 8	
CITY-ST-ZIP	KATHLEEN FL 33849	

TITLE	D (ONLY)	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRYAN ELLEN IRENE	
STREET ADDRESS	3925 S.B. MERRION ROAD	
CITY-ST-ZIP	LAKELAND, FL 33810	
TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CASE, CHERYL	
STREET ADDRESS	5840 ROSS CREEK ROAD	
CITY-ST-ZIP	LAKELAND, FL 33810	

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 *[Signature]* **TREASURER** 2/15/02 (863)688-2545

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

Attachment #N42707



Kathleen Area Historical Society

P.O. Box 977

Kathleen, FL. 33849-0977

Phone: ~~(941) 859-3347~~

Fax: ~~(941) 859-2317~~

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RE: 2002 UNIFORM BUSINESS REPORT
CONTINUATION OF OFFICERS

ADD

DV

BARE, THERESA

2317 DUFF ROAD

LAKELAND, FL 33810

D

BROOKS, DORIS

725 W. SOCRUM LOOP ROAD

LAKELAND, FL 33809

D

GLISSON, DORIS

6816 CATHERINE RD., P.O. BOX 254

KATHLEEN, FL 33849