


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

2005 FEB 10 PM 1:46


SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|   |   |
|---|---|
| <b>DOCUMENT # N42707</b><br>1. Entity Name<br><b>KATHLEEN AREA HISTORICAL SOCIETY, INC.</b> |  |
|---|---|

|   |   |
|---|---|
| Principal Place of Business<br><b>P.O. BOX 977<br/>KATHLEEN FL 33849-0977</b> | Mailing Address<br><b>P.O. BOX 977<br/>KATHLEEN FL 33849-0977</b> |
|---|---|

|   |   |
|---|---|
| 2. Principal Place of Business<br>Suite, Apt. #, etc. | 3. Mailing Address<br>Suite, Apt. #, etc. |
|---|---|

|                                  |                                  |
|----------------------------------|----------------------------------|
| City & State<br>Zip      Country | City & State<br>Zip      Country |
|----------------------------------|----------------------------------|



1st MOORE      CR2E037 (10/04)

|  |                                       |
|--|---------------------------------------|
| 4. FEI Number<br><b>59-3050670</b>                                   | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |

|  |  |
|--|--|
| 6. Name and Address of Current Registered Agent<br><br><b>WILLIAMS, BETTY A<br/>6215 CHEATWOOD DR<br/>PO BOX 172<br/>KATHLEEN FL 33849</b> | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

|  |  |                                    |  |
|--|--|------------------------------------|--|
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2005</b> | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00</b> May Be Added to Fees | <b>Make Check Payable to<br/>Florida Department of State</b> |
|--|--|------------------------------------|--|

| 10. OFFICERS AND DIRECTORS |   |
|----------------------------|---|
| TITLE                      | D <input type="checkbox"/> Delete<br><b>WILLIAMS, BETTY A</b><br>6215 CHEATWOOD DR PO BOX 172<br>KATHLEEN FL 33849-0172 |
| TITLE                      | DS <input type="checkbox"/> Delete<br><b>TAUGH, GAIL</b><br>8017 MAGNOLIA RIDGE DR<br>LAKELAND FL 33810                 |
| TITLE                      | DT <input type="checkbox"/> Delete<br><b>ROBAK, LILLIE M</b><br>217 NORTH GALLOWAY ROAD<br>LAKELAND FL 33815            |
| TITLE                      | DS <input type="checkbox"/> Delete<br><b>MAYHEW, BONNIE</b><br>2363 SEA ISLAND CIRCLE SOUTH<br>LAKELAND FL 33810        |
| TITLE                      | D <input type="checkbox"/> Delete<br><b>BRYAN, ELLEN IRENE</b><br>3925 SB MERRION RD<br>LAKELAND FL 33810               |
| TITLE                      | DV <input type="checkbox"/> Delete<br><b>CASE, CHERYL</b><br>5840 ROSS CREEK RD<br>LAKELAND FL 33810                    |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |  |
|---|--|
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition<br><b>02/10/05 80084-0977 FL 33849</b> |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |

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: Lillie M. Robak      **LILLIE M. ROBAK**      2-7-05 (263) 688-2545  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Telephone #

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KATHLEEN AREA HISTORICAL SOCIETY, INC.

**ITEM #10 CONT'D:**

DP

Grimes, Elaine E.  
8935 Selph Road  
Lakeland, FL 33810

DV

McCraney, Ann  
4640 Swindell Road  
Lakeland, FL 33810

D

Glisson, Doris  
6815 Catherine Road  
P. O. Box 254  
Kathleen, FL 33849