

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90173 008 ****61.25



DOCUMENT # N42707
 1. Entity Name
KATHLEEN AREA HISTORICAL SOCIETY, INC.

Principal Place of Business Mailing Address
 P.O. BOX 977 P.O. BOX 977
 KATHLEEN FL 33849-0977 KATHLEEN FL 33849-0977



1st MOORE CR2E037 (10/05)

2. Principal Place of Business Suite, Apt. #, etc.
 3. Mailing Address Suite, Apt. #, etc.

City & State City & State
 4. FEI Number **59-3050670** Applied For Not Applicable

Zip Country Zip Country
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 WILLIAMS, BETTY A
 6215 CHEATWOOD DR
 PO BOX 172
 KATHLEEN FL 33849

7. Name and Address of New Registered Agent
 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. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE *Betty A. Williams*
 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
Due By May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Elaine Grimes 8935 Selph Rd Lakeland, FL 33810 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President-Elect Jamie Watkins PO Box 1944 Lakeland, FL 33813 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Marilyn Foshae 10675 Moore Rd Lakeland, FL 33810 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ann McCraney VP 4640 Swindell Rd Lakeland, FL 33810 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Web Secretary Lola Walker 3205 Shady Oak Dr. E Lakeland, FL 33810 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Audrey Rimmer-Davis 5522 Flamingo Ave Lakeland, FL 33809 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: *Betty A. Williams*

Other additions - KALHS

- Assistant Treasurer ATTACHMENT

Barbara Hatch
8130 Tom Gilbert Rd
Lakeland, FL 33810

40086143

42708

Director

Doris Glisson
P.O. Box 254
Kathleen, FL 33849

Director

Jim Watkins
3205 Shady Oak Dr. E
Lakeland, FL 33810

Director

Douglas Hutton
3720 Kathleen Pines
Lakeland, FL 33810