

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42707

FILED
Apr 05, 2010
Secretary of State

Entity Name: KATHLEEN AREA HISTORICAL SOCIETY, INC.

Current Principal Place of Business:

8950 N CAMPBELL ROAD
LAKELAND, FL 33810

New Principal Place of Business:

Current Mailing Address:

PO BOX 977
KATHLEEN, FL 338490977

New Mailing Address:

FEI Number: 59-3050670

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLIAMS, BETTY A
6215 CHEATWOOD DR
KATHLEEN, FL 33849 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P
Name: THOMA, GLEN
Address: 205 MARBLE
City-St-Zip: LAKELAND, FL 33809

Title: DS
Name: TAUGH, GAIL
Address: 8017 MAGNOLIA RIDGE DR
City-St-Zip: LAKELAND, FL 33810

Title: T
Name: MERILYN, BROWN
Address: 360 WALDORFF DRIVE
City-St-Zip: AUBURNDALE, FL 33823

Title: CS
Name: THOMAS, MARGARET
Address: 205 MARBLE
City-St-Zip: LAKELAND, FL 33809

Title: WS
Name: WALKER, LOLA
Address: 3205 SHADY OAK DR E
City-St-Zip: LAKELAND, FL 33810

Title: TR
Name: WATKINS, JIM
Address: 3205 SHADY OAK DRIVE E
City-St-Zip: LAKELAND, FL 33810

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JIM WATKINS

TR

04/05/2010

Electronic Signature of Signing Officer or Director

Date