


2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90124 031 ****70.00

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



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

Mailing Address
P.O. BOX 977
KATHLEEN FL 33849-0977

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25

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	D	<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	7603 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	DP	<input type="checkbox"/> Delete
NAME	BRYAN, ELLEN IRENE	
STREET ADDRESS	3925 SB MERRION RD	
CITY-ST-ZIP	LAKELAND FL 33810	
TITLE	DV	<input type="checkbox"/> Delete
NAME	CASE, CHERYL	
STREET ADDRESS	5840 ROSS CREEK RD	
CITY-ST-ZIP	LAKELAND FL 33810	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	8017 MAGNOLIA RIDGE DRIVE	
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		

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) 2-22-03 (863) 688-2545

CR2E037 (10/02)

Attached + 90036770

FLORIDA DIVISION OF CORPORATIONS

2003 NOT-FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

KATHLEEN AREA HISTORICAL SOCIETY, INC.
DOCUMENT #N42707

PAGE 2
CONTINUATION OF ITEM #10

DV
Theresa Bare
2317 Duff Road
Lakeland, FL 33810

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

D
Doris Brooks
725 W. Socrum Loop Road
Lakeland, FL 33809