FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1998 DOCUMENT #

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FILED					
Feb 05 1998 8:00am					
Secretary of State					

OSCEOLA GRANGE #208 INCORPORATED					
Principal Plac	e of Business	Mailing Address		s sabssing die stati exiet bist graft das Anti Anti Anti Anti Anti Anti Anti Anti	
-		6511 N. TAMARIND AVE.	₂	3. Date Incorporated or Qualified 05/01/1987	
HERNANDO FL 34442 HERNANDO FL 34442 US US				4. FEI Number Applied For 51-0250289 Not Applicable	
2. Principal Place of Business 2s. Mailing Address 21				5. Certificate of Status Desired S8.75 Additional Fee Required	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27				8. Election Campaign Financing \$5.00 May Be Trust Fund Contribution	
City & State	9	City & State		7. Is this nonprofit corporation a homeowners association?	
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year Intangible	
24	9. Name and Address of Curre		30	Personal Property Tax due June 30. Yes No 10, Name and Address of New Registered Agent	
	S. HEIRS ENG AGGIESS OF CORE	ur vahistatan Maur	81 Name		
HIDUNIO FORO A			A	Lexander GRAY	
JUDKINS, FRED S 10129 EAST BASS CIRCLE			82 Street Addr	ress (P.O. Box Number is Not Acceptable) AK HOLOW DRIVE	
INVERNESS FL 32650-2414			83		
			84 Sty ve	RLY HILLS FLORIDA FL 85 34465	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.					
SIGNATURE	Signature, typed of philled name of registered ag	initiand title Mappilcable. (NOTE:	Registered Agent signature requir		
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DM	☐ DELETE	1.1 TOTLE	Change Addition	
NAME	COMSTOCK, RAYMOND		1.2 NAME		
STREET ADDRESS	4318 S FLORIDA AV LOT 14	i	1.3 STREET ADDRESS		
CITY-ST-ZIP	INVERNESS FL		1.4 CITY+ST-ZIP		
TITLE	DE	☐ DELETE	2.1 TITLE	Li Change Li Addition	
NAME	MEAD, FRANK		2.2 NAME		
STREET ADDRESS	597 S CARLOS TERRACE		2.3 STREET ADDRESS		
CITY-ST-ZIP	INVERNESS FL		2. 4 CITY - ST - ZIP	• • • • • • • • • • • • • • • • • • • •	
TITLE	80	DELETE	3.1 TITLE	Change Addition	
NAME	KRIESKI, WILMA		3.2 NAME		
STREET ADDRESS	6511 N. TAMARIND AVE. HERNANDO FL		3.3 STREET ADDRESS	•	
CITY+ST-ZIP TITLE	NERNANDO FL	DELETE	3.4. C(TY - ST - Z(P 4.1 T(TLE	☐ Change ☐ Addition	
NAME			4. 2 NAME	C Orange C Addition	
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 THILE	☐ Change ☐ Addition	
NAME		_	5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.