

2001 UNIFORM BUSINESS REPORT (UBR)

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FILED
Mar 20, 2001 8:00 am
Secretary of State

03-06-2001 90340 021 ****61.25

DOCUMENT # N20540

1. Entity Name

OSCEOLA GRANGE #208 INCORPORATED

Principal Place of Business

UNITY CHURCH
 1515 WHITE LAKE DR
 INVERNESS FL 34553
 US

Mailing Address

~~delete~~ **WILMA KRIESKI**
 UNITY CHURCH
 1515 WHITE LAKE DR
 INVERNESS FL 34553
 US
6511 N TAMARIND AVE
HERNANDO
FLA 34442

2. Principal Place of Business

UNITY CHURCH
 Suite, Apt. #, etc.

3. Mailing Address

6511 N TAMARIND AVE
 Suite, Apt. #, etc.
HERNANDO FLA

City & State

Zip **34442** Country **CITRUS**

City & State

34442
 Zip **34442** Country **CITRUS**

4. FEI Number

51-0250289

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GRAY, ALEXANDER **deceased**
 4 OAK HOLLOW DR
 BEVERLY HILLS FL 34465

7. Name and Address of New Registered Agent

Name **WILMA KRIESKI**
 Street Address (P.O. Box Number is Not Acceptable)
6511 N TAMARIND AVE
HERNANDO FLA.
 City **FLORIDA** FL Zip Code **34442**

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.

SIGNATURE **WILMA KRIESKI**

Wilma Krieski

Feb 2 2001

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

9. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE **DP**
 NAME **MAXHAM, ANGELA** **moved away** ☒ Delete
 STREET ADDRESS **8640 E KEPLING PARK**
 CITY-ST-ZIP **FLORAL CITY FL 34436**

TITLE **DE**
 NAME **MEAD, FRANK** **OK** ☐ Delete
 STREET ADDRESS **597 S CARLOS TERRACE**
 CITY-ST-ZIP **INVERNESS FL**

TITLE **SD**
 NAME **KRIESKI, WILMA** ☒ Delete
 STREET ADDRESS **6511 N TAMARIND AVE**
 CITY-ST-ZIP **HERNANDO FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **MASTER** ☒ Change ☐ Addition
 NAME **ALICE WILLIAMS**
 STREET ADDRESS **3299 W KEVIN ST.**
 CITY-ST-ZIP **LECANTO FLORIDA 34461**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **Bernice Trawick** ☒ Change ☐ Addition
 NAME **LECTURER**
 STREET ADDRESS **10131 E BASS CIRCLE**
 CITY-ST-ZIP **INVERNESS FLORIDA 34451**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

ABSTRACT REQUIRED *Alice Williams*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **March** Payable Through **2001**

CR2E037 (10/00)