

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 02, 2004 8:00 am**  
**Secretary of State**

03-02-2004 90039 038 \*\*\*\*61.25

**DOCUMENT # N20540**

1. Entity Name

OSCEOLA GRANGE #208 INCORPORATED



Principal Place of Business

UNITY CHURCH  
~~6511 N TAMARIND AVE~~  
HERNANDO FL 34442  
US

Mailing Address

WILMA KRIESKI *6459 Cherry Tree Terrace*  
~~6511 N TAMARIND AVE~~ *Change of Address*  
HERNANDO FL 34442  
US

**94023763**



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

*2468 Woodrow Lane NW*  
*Beverly Hills*  
Suite, Apt. #, etc. *##*

City & State *FLORIDA*

City & State *HERNANDO FLA 34442*

4. FEI Number **51-0250289**

Applied For  
Not Applicable

*34465* Country *CITRUS*

Zip *34442* Country *CITRUS*

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KRIESKI, WILMA  
~~6511 N TAMARIND AVE~~ *6459 Cherry Tree Terrace*  
HERNANDO FL 34442

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

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, 2004**

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 **MD** ☐ Delete  
NAME **WILLIAMS, ALICE**  
STREET ADDRESS **3299 W KEVIN ST**  
CITY-ST-ZIP **LECANTO FL 34461**

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

TITLE **TL** ☐ Delete  
NAME **TRAWICK, BERNICE**  
STREET ADDRESS **10131 E. BASS CIRCLE**  
CITY-ST-ZIP **INVERNESS FL 34451**

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 ☐ 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

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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: *WILMA KRIESKI* *Wilma Krieski*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Feb 16 2004*

Date

Daytime Phone #