

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

FILED
Jan 14, 2003 8:00 am
Secretary of State

01-14-2003 90043 010 ****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
6511 N TAMARIND AVE
HERNANDO FL 34442
US**

30001940



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

Unity Church

3. Mailing Address

SAME AS ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **51-0250289**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KRIESKI, WILMA
6511 N TAMARIND AVE
HERNANDO FL 34442**

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

WILMA KRIESKI

Wilma Krieski

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

☐ Delete

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

☐ Delete

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

☐ Delete

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CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
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☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

WILMA KRIESKI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)