

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 24 AM 4:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 704512 (3)

1. Corporation Name

ORANGE BLOSSOM POMONA GRANGE NO.6 INC

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/11/1962

3a. Date of Last Report

4/27/1994

4. FEI Number

23-7214714

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

MARION GRANGE HALL
SIETSON STREET
BELLEVIEW FL 34420

34951 LEARN ROAD
LEESBURG FL 34788

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24.

25.

29.

30.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BEATTY, EVA
34951 LEARN ROAD
LEESBURG FL 34788-8548

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME COMSTOCK, RAYMOND
STREET ADDRESS 4318 S.FLORIDA AVENUE LOT 14
CITY-ST-ZIP INVERNESS FL 34450

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE S
NAME BEATTY, EVA
STREET ADDRESS 34951 LEARN ROAD
CITY-ST-ZIP LEESBURG FL 34788-8548

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE T
NAME DESELLEMS, FLORENCE
STREET ADDRESS 1981 SE 172nd AVENUE
CITY-ST-ZIP SILVER SPRINGS FL 34488

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D
NAME LAW, ROBERT
STREET ADDRESS 11680 SE 84th AVENUE
CITY-ST-ZIP BELLEVIEW FL 34420

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D
NAME JUDKINS, FRED
STREET ADDRESS 10129 E. BASS CIRCLE
CITY-ST-ZIP INVERNESS FL 34453

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D
NAME JARVIS, EMANUEL, JR
STREET ADDRESS 6325 SW 61st COURT
CITY-ST-ZIP Ocala FL 34474

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
EVA BEATTY

Date

Signature (Phone #)

CH