

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Mar 17 1997 8:00am
Secretary of State

DOCUMENT # 704512 (3)
1. Corporation Name
ORANGE BLOSSOM POMONA GRANGE NO. 6 INC.

Principal Place of Business Mailing Address
% MARION GRANGE HALL 34951 LEARN RD.
STETSON ST. LEESBURG FL 34788-8548
US



2. Principal Place of Business		2a. Mailing Address		4. FEI Number		3a. Date of Last Report	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		23-7214714		09/11/1962 03/22/1996	
22 City & State		27 City & State		5. Certificate of Status Desired		Applied For	
23 Zip		28 Zip		6. Election Campaign Financing		Not Applicable	
24 Country		29 Country		Trust Fund Contribution		\$8.75 Additional Fee Required	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		\$5.00 May Be Added to Fees	
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BEATTY, EVA 34951 LEARN RD. 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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D COMSTOCK, RAYMOND	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4318 S. FLORIDA AVENUE LOT 14	1.2 NAME	
STREET ADDRESS	INVERNESS FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	S BEATTY, EVA	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	34951 LEARN RD.	2.2 NAME	
STREET ADDRESS	LEESBURG FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	T DESELLEMS, FLORENCE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1981 SE 172ND AVE	3.2 NAME	
STREET ADDRESS	SILVER SPRINGS FL 34488	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D LAW, ROBERT	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	11680 S.E. 84TH AVE	4.2 NAME	
STREET ADDRESS	BELLEVIEW FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D WARD, ETHEL	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOX 730 N/A	5.2 NAME	
STREET ADDRESS	SUMMERFIELD FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	P MAXHAM, GEORGE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	8640 E. KEATING PK. ST. LOT 272	6.2 NAME	
STREET ADDRESS	FLORAL CITY FL	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *Eva Beatty* (EVA BEATTY) March 11, 1997 352/742-0862

CR2E037 (9/96)