

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 26, 1999 8:00 am  
Secretary of State

04-26-1999 90041 050 \*\*\*\*61.25

DOCUMENT # 704512

1. Corporation Name

ORANGE BLOSSOM POMONA GRANGE NO. 6 INC.

Principal Place of Business

% MARION GRANGE HALL  
STETSON ST.  
BELLEVIEW FL 34420  
US

Mailing Address

34951 LEARN RD.  
LEESBURG FL 34788-8548

411271 - 90041 - 30



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

09/11/1962

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

23-7214714

Applied For

Not Applicable

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

Zip

Country

Zip

Country

6. Election Campaign Financing

\$5.00 May Be  
Added to Fees

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE D. ☐ Change ☒ Addition  
1.2 NAME GEORGE MAXHAM  
1.3 STREET ADDRESS 8640 E. KEATING PK. ST, LOT 272  
1.4 CITY-ST-ZIP FLORAL CITY, FL. 34436-2879

TITLE S ☐ DELETE  
NAME BEATTY, EVA  
STREET ADDRESS 34951 LEARN RD.  
CITY-ST-ZIP LEESBURG FL

2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP 34788-8548

TITLE T ☐ DELETE  
NAME DESELLEMS, FLORENCE  
STREET ADDRESS 1981 SE 172ND AVE  
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 ☐ DELETE  
NAME LAW, ROBERT  
STREET ADDRESS 11680 S.E. 84TH AVE  
CITY-ST-ZIP BELLEVIEW FL

4.1 TITLE ☐ Change ☒ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP 34420-4765

TITLE D ☒ DELETE  
NAME WARD, ETHEL  
STREET ADDRESS BOX 730 N/A  
CITY-ST-ZIP SUMMERFIELD FL

5.1 TITLE D. ☐ Change ☒ Addition  
5.2 NAME RUTH WHEATON  
5.3 STREET ADDRESS 3382 110TH ST., S.E.  
5.4 CITY-ST-ZIP BELLEVIEW, FL. 34421

TITLE P ☐ DELETE  
NAME JARVIS, EMANUEL JR (BU)  
STREET ADDRESS 6325 SW 61ST  
CITY-ST-ZIP Ocala FL 34476

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

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/99

Date

352/742-0862

Daytime Phone #

CR2E037 (1/198)