

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 24, 2006 08:00 AM**  
**Secretary of State**

|                                                                                                                                                                                                                               |                                                                                                   |                                                                                           |                                                              |                                                                                                                                          |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|--------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # 704512</b><br>1. Entity Name<br><b>ORANGE BLOSSOM POMONA GRANGE NO. 6 INC.</b>                                                                                                                                  |                                                                                                   |                                                                                           |                                                              |                                                        |  |
| Principal Place of Business<br><b>HISTORICAL SOCIETY BLDG.<br/>5920 SE STETSON ROAD<br/>BELLEVUE FL 34420<br/>US</b>                                                                                                          |                                                                                                   |                                                                                           |                                                              | Mailing Address<br><b>34951 LEARN RD.<br/>LEESBURG FL 34788-8548</b>                                                                     |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip      Country                                                                                                                         |                                                                                                   | 3. Mailing Address<br><br>Suite, Apt. #, etc.<br><br>City & State<br><br>Zip      Country |                                                              |                                                       |  |
| 4. FEI Number <b>23-7214714</b>                                                                                                                                                                                               |                                                                                                   |                                                                                           |                                                              | Applied For<br>Not Applicable                                                                                                            |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                     |                                                                                                   |                                                                                           |                                                              | <b>\$8.75</b> Additional Fee Required                                                                                                    |  |
| 6. Name and Address of Current Registered Agent<br><br><b>BOND, EVA J<br/>34951 LEARN RD.<br/>LEESBURG FL 34788-8548</b>                                                                                                      |                                                                                                   |                                                                                           |                                                              | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when restate) DATE _____                                                                                                                                           |                                                                                                   |                                                                                           |                                                              |                                                                                                                                          |  |
| <b>FILE NOW: FEE IS \$61.25<br/>Due By May 1, 2006</b>                                                                                                                                                                        |                                                                                                   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/>       |                                                              | <b>\$5.00</b> May Be Added to Fees                                                                                                       |  |
| <b>Make Check Payable to<br/>Florida Department of State</b>                                                                                                                                                                  |                                                                                                   |                                                                                           |                                                              |                                                                                                                                          |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                             |                                                                                                   |                                                                                           | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> |                                                                                                                                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                              | <b>D</b><br><b>JARVIS, EMANUEL</b><br><b>6325 SW 61ST. CT.</b><br><b>OCALA FL 34474</b>           | <input type="checkbox"/> Delete                                                           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP             | <input type="checkbox"/> Change <input type="checkbox"/> Add                                                                             |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                              | <b>S</b><br><b>BOND, EVA J</b><br><b>34951 LEARN RD.</b><br><b>LEESBURG FL 34788</b>              | <input type="checkbox"/> Delete                                                           | <b>00000445027</b><br><b>03/07/06-80027-007 61.25</b>        |                                                                                                                                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                              | <b>T</b><br><b>GRAY, RUTH G</b><br><b>P.O. BOX 714</b><br><b>WEIRSDALE FL 32195</b>               | <input type="checkbox"/> Delete                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Add |                                                                                                                                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                              | <b>D</b><br><b>GRAY, HELEN</b><br><b>4 OAK HOLLOW DRIVE</b><br><b>BEVERLY HILLS FL 34465</b>      | <input type="checkbox"/> Delete                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Add |                                                                                                                                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                              | <b>D</b><br><b>TRAWICK, BUNNY</b><br><b>10131 E BASS CIRCLE</b><br><b>INVERNESS FL 34451-1463</b> | <input type="checkbox"/> Delete                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Add |                                                                                                                                          |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP                                                                                                                                                                              | <b>P</b><br><b>HUNT, EDWARD</b><br><b>752 N CITRUS GROVE BLVD.</b><br><b>POLK CITY FL 33868</b>   | <input type="checkbox"/> Delete                                                           | <input type="checkbox"/> Change <input type="checkbox"/> Add |                                                                                                                                          |  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 *Eva J Bond* DATE *Feb 24, 2006* *34951 LEARN RD*