

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 27, 2008 8:00 am**  
**Secretary of State**

03-27-2008 90032 048 \*\*\*\*61.25

**DOCUMENT # 704512**

1. Entity Name

ORANGE BLOSSOM POMONA GRANGE NO. 6 INC.

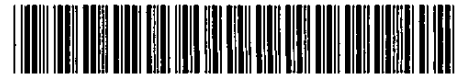


Principal Place of Business

HISTORICAL SOCIETY BLDG.  
5920 SE STETSON ROAD  
BELLEVUE FL 34420  
US

Mailing Address

34951 LEARN RD.  
LEESBURG FL 34788-8548



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

23-7214714

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

BOND, EVA J  
34951 LEARN RD.  
LEESBURG FL 34788-8548

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

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**  
**Due By May 1, 2008**

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	D	<input checked="" type="checkbox"/> Delete
NAME	JARVIS, EMANUEL	
STREET ADDRESS	6325 SW 61ST. CT.	
CITY-ST-ZIP	OCALA FL 34474	
TITLE	S	<input type="checkbox"/> Delete
NAME	BOND, EVA J	
STREET ADDRESS	34951 LEARN RD.	
CITY-ST-ZIP	LEESBURG FL 34788	
TITLE	T	<input type="checkbox"/> Delete
NAME	GRAY, RUTH G	
STREET ADDRESS	P.O. BOX 714	
CITY-ST-ZIP	WEIRSDALE FL 32195	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRAY, HELEN	
STREET ADDRESS	4 OAK HOLLOW DRIVE	
CITY-ST-ZIP	BEVERLY HILLS FL 34465	
TITLE	D	<input type="checkbox"/> Delete
NAME	TRAWICK, BUNNY	
STREET ADDRESS	10131 E BASS CIRCLE	
CITY-ST-ZIP	INVERNESS FL 34451-1463	
TITLE	P	<input type="checkbox"/> Delete
NAME	HUNT, EDWARD	
STREET ADDRESS	752 N CITRUS GROVE BLVD.	
CITY-ST-ZIP	POLK CITY FL 33868	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHAMBERS, MARY	
STREET ADDRESS	13410 S.E. 175 <sup>TH</sup> ST.	
CITY-ST-ZIP	WEIRSDALE, FL. 32195	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Bond*

EVA BOND

*March 14, '08*

*352/742-0862*