

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90114 006 \*\*\*\*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  
BELLEVIEW FL 34420  
US**

Mailing Address  
**34951 LEARN RD.  
LEESBURG FL 34788-8548**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **23-7214714**

Applied For  
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete  
NAME **KRIESKI, WILMA**  
STREET ADDRESS **6511 N. TAMARIND AVE**  
CITY-ST-ZIP **HERNANDO FL 34442**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **S** ☐ Delete  
NAME **BOND, EVA J**  
STREET ADDRESS **34951 LEARN RD.**  
CITY-ST-ZIP **LEESBURG FL 34788**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **T** ☐ Delete  
NAME **LAW, ROBERT**  
STREET ADDRESS **PO BOX 1042**  
CITY-ST-ZIP **BELLEVIEW FL 34421**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **GRAY, HELEN**  
STREET ADDRESS **4 OAK HOLLOW DRIVE**  
CITY-ST-ZIP **BEVERLY HILLS FL 34465**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☒ Delete  
NAME **WHIDDEN, INA**  
STREET ADDRESS **13896 SE 53RD AVE**  
CITY-ST-ZIP **SUMMERFIELD FL 34491**

TITLE **D** ☐ Change ☒ Addition  
NAME **TRAWICK, BUNNY**  
STREET ADDRESS **10131 E. BASS CIRCLE**  
CITY-ST-ZIP **INVERNESS, FL. 34451-1463**

TITLE **P** ☐ Delete  
NAME **BEATTY, JAMES F**  
STREET ADDRESS **34951 LEARN RD**  
CITY-ST-ZIP **LEESBURG FL 34788-8548**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 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: **SIGNATURE REQUIRED** **EVA J. BOND** 4/14/03 352/742-0862

CR2E037 (10/02)