FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 APR 27 AM 8:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 706377 (9)

1. Corporation Name

RIVERSIDE POMONA GRANGE NO 3 INC

Principal Place of Business	Mailing Address
C/O 123 MAGNOLIA STREET. P.O. BOX 186 ANN HONYOTSKI FELLSMERE FL 32948	C/O 123 MAGNOLIA STREET. P.O. BOX 186 ANN HONYOTSKI FELLSMERE FL 32948

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/05/1963
3a. Date of Last Report: 04/26/1994
4. FEI Number: 23-7214711 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

HONYOTSKI, ANN
14 S MAGNOLIA ST, PO BOX 186
FELLSMERE FL 32948

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	DEVOE, CHARLES	12 NAME	
STREET ADDRESS	1635 ADVIEW ROAD SE	13 STREET ADDRESS	
CITY-ST-ZIP	PALM BAY FL	14 CITY-ST-ZIP	
TITLE	T	21 TITLE	☐ Change ☐ Addition
NAME	HONYOTSKI, ANN	22 NAME	
STREET ADDRESS	14 S. MAGNOLIA ST.	23 STREET ADDRESS	
CITY-ST-ZIP	FELLSMERE FL	24 CITY-ST-ZIP	
TITLE	P	31 TITLE	☐ Change ☐ Addition
NAME	SMITH, WALTER	32 NAME	
STREET ADDRESS	4756 65TH ST.	33 STREET ADDRESS	
CITY-ST-ZIP	WINTER BEACH FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	OLIVIERI, JOSEPH	42 NAME	
STREET ADDRESS	1624 TALBOTT ST	43 STREET ADDRESS	
CITY-ST-ZIP	PALM BAY FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	D ☐ Change ☐ Addition
NAME	~~FISHER, JOSEPH~~	52 NAME	Evelyn LeVan
STREET ADDRESS	~~5785 GARRETTS~~	53 STREET ADDRESS	140 45- 109th St
CITY-ST-ZIP	~~SEBASTIAN FL~~	54 CITY-ST-ZIP	Fellsmere, Fl. 32948
TITLE	S	61 TITLE	☐ Change ☐ Addition
NAME	HIATT, CECELIA	62 NAME	
STREET ADDRESS	4350 SHERWOOD BLVD	63 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Ann Honyotski Ann Honyotski, Treas 4/20/95 407/571-1011
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0038244