

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

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



3. Date Incorporated or Qualified

11/05/1963

3a. Date of Last Report

04/27/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 ☐ DELETE

NAME  
DEVOE, CHARLES  
STREET ADDRESS  
1635 ADVIEW ROAD SE  
CITY-ST-ZIP  
PALM BAY FL

TITLE ☐ DELETE

NAME  
HONYOTSKI, ANN  
STREET ADDRESS  
14 S. MAGNOLIA ST.  
CITY-ST-ZIP  
FELLSMERE FL

TITLE ☒ DELETE

NAME  
SMITH, WALTER  
STREET ADDRESS  
4758 65TH ST.  
CITY-ST-ZIP  
WINTER BEACH FL

TITLE ☐ DELETE

NAME  
OLMERI, JOSEPH  
STREET ADDRESS  
1624 TALBOTT ST  
CITY-ST-ZIP  
PALM BAY FL

TITLE ☒ DELETE

NAME  
LEVAN, EVELYN  
STREET ADDRESS  
140 95 109TH STREET  
CITY-ST-ZIP  
FELLSMERE FL

TITLE ☐ DELETE

NAME  
HIATT, CECILIA  
STREET ADDRESS  
4350 SHERWOOD BLVD  
CITY-ST-ZIP  
MELBOURNE FL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

President  
Charles Wintermute  
4725 84th St.  
Wabasso, FL

Edna Kaziukonis  
736 E Lark St.  
Barefoot Bay, FL

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.

4/20/96  
Date

407/571-1011  
Telephone #

CR2E037 (12/95)