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May 05 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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
04/24/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

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

8. This corporation has liability for intangible tax under s. 199.032,
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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME Walter Smith
1.3 STREET ADDRESS 4756 65th St
1.4 CITY-ST-ZIP Winter Beach FL

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

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE P ☐ DELETE
NAME WINTERMUTE, CHARLES
STREET ADDRESS 4725 84TH ST
CITY-ST-ZIP WABASSO FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME OLMERI, JOSEPH
STREET ADDRESS 1624 TALBOTT ST
CITY-ST-ZIP PALM BAY FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME KAZIUKONIS, EDNA
STREET ADDRESS 736 E LARK ST
CITY-ST-ZIP BAREFOOT BAY FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE S ☐ DELETE
NAME HIATT, CECILIA
STREET ADDRESS 4350 SHERWOOD BLVD
CITY-ST-ZIP MELBOURNE FL

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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.

CR2E037 (9/96)