


**FILED**  
**Mar 25, 1999 8:00 am**  
**Secretary of State**

03-25-1999 90046 017 \*\*\*\*61.25

<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # 706377</b>			
<b>1. Corporation Name</b> <b>RIVERSIDE POMONA GRANGE NO 3 INC</b>			
<b>Principal Place of Business</b> <b>C/O 123 MAGNOLIA STREET, P.O. BOX 186</b> <b>ANN HONYOTSKI</b> <b>FELLSMERE FL 32948</b>		<b>Mailing Address</b> <b>C/O 123 MAGNOLIA STREET, P.O. BOX 186</b> <b>ANN HONYOTSKI</b> <b>FELLSMERE FL 32948</b>	



<b>2. Principal Place of Business</b> <b>21 4725-84th St. Box 155</b>		<b>2a. Mailing Address</b> <b>26 4725-84th St. Box 155</b>		<b>3. Date Incorporated or Qualified</b> <b>11/05/1963</b>	
<b>Suite, Apt. #, etc.</b> <b>22 Betty Wintermute</b>		<b>Suite, Apt. #, etc.</b> <b>27 Betty Wintermute</b>		<b>4. FEI Number</b> <b>23-7214711</b>	
<b>City &amp; State</b> <b>23 Wabasso, FLA.</b>		<b>City &amp; State</b> <b>28 Wabasso, FLA. 32970</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>Zip</b> <b>24 32970</b>		<b>Zip</b> <b>29 32970</b>		<b>6. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>9. Name and Address of Current Registered Agent</b> <b>HONYOTSKI, ANN</b> <b>14 S. MAGNOLIA STREET</b> <b>FELLSMERE FL 32948</b>				<b>10. Name and Address of New Registered Agent</b> <b>81 Name Betty Wintermute</b> <b>82 Street Address (P.O. Box Number is Not Acceptable) 4725-84th St.</b> <b>83 P.O. Box 155</b> <b>84 City Wabasso FL 85 Zip Code 32970</b>	
<b>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.</b> <b>SIGNATURE Betty Wintermute</b> <b>3/22/99</b>					

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, WALTER	1.2 NAME	
STREET ADDRESS	4756 65TH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER BEACH FL	1.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HONYOTSKI, ANN	2.2 NAME	
STREET ADDRESS	14 S. MAGNOLIA STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	FELLSMERE FL	2.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINTERMUTE, CHARLES	3.2 NAME	
STREET ADDRESS	4725 84TH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	WABASSO FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVAN, EVELYN	4.2 NAME	
STREET ADDRESS	47095 109TH STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	FELLSMERE FL 32948	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAZIUKONIS, EDNA	5.2 NAME	
STREET ADDRESS	736 E LARK ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	BAREFOOT BAY FL	5.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINTERMUTE, BETTY	6.2 NAME	
STREET ADDRESS	4725 84TH STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	WABASSO FL 32970	6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Betty Wintermute* **4/5/99** **561-589-4674**

CR2E037- (1-1-1998)