
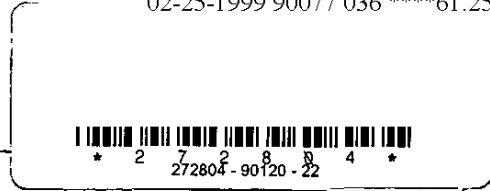


**FILED**  
**Feb 25, 1999 8:00 am**  
**Secretary of State**

02-25-1999 90077 036 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # 733504</b> 1. Corporation Name PRIDE OF SAINT LUCIE LODGE #1189, IBPOE OF W. IN C.		
Principal Place of Business 2408 AVENUE M FORT PIERCE FL 34954-1834	Mailing Address 2408 AVENUE M FORT PIERCE FL 34954-1834	



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 08/06/1975
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number NOT APPLICABLE Applied For: <input type="checkbox"/> Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent  DICKERSON, JAMES A. 1100 N 35TH STREET FT. PIERCE FL 34947	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
	POITIER, ROBERT H. JR. 306 N 22 ST FT PIERCE FL 34950

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: *Robert H. Poitier* 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	ERD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AARON, DAN	1.2 NAME	
STREET ADDRESS	1586 HIGHLAND AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BEACH FL 32981	1.4 CITY-ST-ZIP	
TITLE	LKD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, ROBERT E.	2.2 NAME	
STREET ADDRESS	2304 N 17TH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT PIERCE FL 34947	2.4 CITY-ST-ZIP	
TITLE	LK <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, WILLIE L.	3.2 NAME	LK
STREET ADDRESS	715 N 21ST STREET	3.3 STREET ADDRESS	DICKERSON, JAMES A
CITY-ST-ZIP	FT PIERCE FL 34950	3.4 CITY-ST-ZIP	1100 N 35TH ST FT PIERCE FL 34947
TITLE	LK <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORGAN, ERNEST	4.2 NAME	LK
STREET ADDRESS	3403 AVENUE J	4.3 STREET ADDRESS	LURRY, LEROY
CITY-ST-ZIP	FT PIERCE FL 34947	4.4 CITY-ST-ZIP	1908 AVE E FT PIERCE FL 34950
TITLE	FSD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, BERTRAM	5.2 NAME	FSD
STREET ADDRESS	109 DEVONSHIRE DRIVE	5.3 STREET ADDRESS	POITIER, ROBERT H. JR
CITY-ST-ZIP	FT PIERCE FL 34946	5.4 CITY-ST-ZIP	306 N 22 ST FT PIERCE FL 34950
TITLE	T <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DICKERSON, JAMES A.	6.2 NAME	T
STREET ADDRESS	1100 N 35TH STREET	6.3 STREET ADDRESS	TAYLOR, BERTRAM
CITY-ST-ZIP	FT PIERCE FL 34947	6.4 CITY-ST-ZIP	109 DEVONSHIRE DR. FT PIERCE FL 34946

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: *Robert H. Poitier* SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 1-20-99 Daytime Phone #: 5614610617

CR2E037 (1/98)