

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 29, 2001 8:00 am
Secretary of State

08-29-2001 90010 017 ****61.25

DOCUMENT # 733504

1. Entity Name

PRIDE OF SAINT LUCIE LODGE #1189, IBPOE OF W, IN



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

POITIER, ROBERT H JR
306 N 22 ST
FT. PIERCE FL 349-5550

7. Name and Address of New Registered Agent

Name *Devonzia Paschal*
 Street Address (P.O. Box Number is Not Acceptable)
1815 18th Ave S.W.
~~Vero Beach, FL~~
 City *Vero Beach,* FL Zip Code *32962*

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

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

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ERD AARON, DAN 1586 HIGHLAND AVENUE VERO BEACH FL 32961 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LKD LEWIS, ROBERT E. 2304 N 17TH STREET FT PIERCE FL 34947 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LK DICKERSON, JAMES A 1100 N 35 TH ST FT PIERCE FL 34947 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LK LURRY, LAROY 1908 AVE E FT PIERCE FL 34950 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FSD POITIER, ROBERT H JR 3060N 22 ST FT PIERCE FL 34-950. <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TAYLOR, BERTRAM 109 DEVONSHIRE DR FT PIERCE FL 34946 <input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ROBERT H POITIER 306 N 22nd St FT PIERCE FL 34950 ERD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FSD DEVONZIA PASCHAL 1815 18th Ave. S.W. Vero Beach, FL, 32962 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TAYLOR, BERTRAM 109 Devonshire Dr Ft Pierce, FL <input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert H Poitier Jr* 8/15/01

CR2E037 (5/01)