
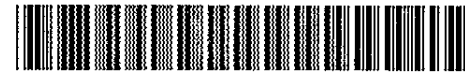


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 15, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 733504</b>					
1. Entity Name PRIDE OF SAINT LUCIE LODGE #1189, IBPOE OF W, INC.					
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 <b>NO-T APPLICABLE</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PASCHAL, DEVENZIC 1815 18TH AVE. S.W. VERO BEACH FL 32962			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b> Zip Code		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE Registered Agent signature required when reinstating) DATE _____					
Signature, typed or printed name of registered agent and title if applicable					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	ERD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	POFFER, ROBERT H		NAME		
STREET ADDRESS	306 N 22ND STREET		STREET ADDRESS		
CITY - ST - ZIP	FORT PIERCE FL 34950		CITY - ST - ZIP		
TITLE	LKD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEWIS, ROBERT E.		NAME		
STREET ADDRESS	2304 N 17TH STREET		STREET ADDRESS		
CITY - ST - ZIP	FT PIERCE FL 34947		CITY - ST - ZIP		
TITLE	LK	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DICKERSON, JAMES A		NAME		
STREET ADDRESS	1100 N 35 TH ST		STREET ADDRESS		
CITY - ST - ZIP	FT PIERCE FL 34947		CITY - ST - ZIP		
TITLE	LK	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LURRY, LAROE		NAME		
STREET ADDRESS	1908 AVE E		STREET ADDRESS		
CITY - ST - ZIP	FT PIERCE FL 34950		CITY - ST - ZIP		
TITLE	FSD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PASCHAL, DEVONZIA		NAME		
STREET ADDRESS	1515 15TH AVE. S.W.		STREET ADDRESS		
CITY - ST - ZIP	VERO BEACH FL 32962		CITY - ST - ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TAYLOR, BERTRAM		NAME		
STREET ADDRESS	109 DEVONSHIRE DR		STREET ADDRESS		
CITY - ST - ZIP	FT PIERCE FL 34946		CITY - ST - ZIP		



MOORE CR2E037 (11/03)

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 03/15/04-80058-006 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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. Poffe Jr* **3/10/04**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #