2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 733504

FILED Jan 17, 2007 Secretary of State

Entity Name: PRIDE OF SAINT LUCIE LODGE #1189, IBPOE OF W, INC.

Current Principal Place of Business: New Principal Place of Business:

2408 AVENUE M

FORT PIERCE, FL 349541834

Current Mailing Address: New Mailing Address:

P.O. BOX 1834

FORT PIERCE, FL 349541834

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DAVIS, TOMMY 30 ESSEX DRIVE

FORT PIERCE, FL 34946 US

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:

City-St-Zip:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 ERD
 () Delete

 Name:
 TAYLOR, BERTRAM

 Address:
 109 DEVONSHIRE DR.

City-St-Zip: FORT PIERCE, FL 34946

Title: TEAS () Delete
Name: KING, WILLIE TREASUR
Address: 524 NORTH 19TH ST.

FT.PIERCE, FL 34950

Title: LK () Delete
Name: DICKERSON, JAMES A

Address: 1100 N 35 TH ST
City-St-Zip: FT PIERCE, FL 34947

 Title:
 LK
 () Delete

 Name:
 LURRY, LAROY

 Address:
 1908 AVE E

City-St-Zip: FT PIERCE, FL 34950

 Title:
 FS
 () Delete

 Name:
 DAVIS, TOMM E

 Address:
 304 ESSEX DR.

 City-St-Zip:
 FT. PIERCE, FL 34946

Title: TRUS () Delete
Name: KNIGHT. RALPH TRUSTEE

Address: P.O. BOX 2404 City-St-Zip: FT PIERCE, FL 34954 Title: ERD (X) Change () Addition

Name: TAYLOR, BERTRAM,
Address: 109 DEVONSHIRE DR.
City-St-Zip: FORT PIERCE, FL 34946

Title: TEAS (X) Change () Addition

 Name:
 KING, WILLIE,

 Address:
 524 NORTH 19TH ST.

 City-St-Zip:
 FT.PIERCE, FL 34950

Title: LK (X) Change () Addition

Name: DICKERSON, JAMES A., Address: 1100 N 35 TH ST City-St-Zip: FT PIERCE, FL 34947

Name: ARRON, DAN Address: P.O. BOX

City-St-Zip: WABASSO, FL 32970

 Name:
 DAVIS, TOMMY E.,

 Address:
 304 ESSEX DR.

 City-St-Zip:
 FT. PIERCE, FL 34946

Title: () Change () Addition

Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TOMMY E. DAVIS FS 01/17/2007