2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008
Secretary of State

DOCUMENT# 733504

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

Current Principal Place of Business:

2408 AVENUE M
FORT PIERCE, FL 349541834

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1834
FORT PIERCE, FL 349541834

New Mailing Address:

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

Name and Address of Current Registered Agent:

DAVIS, TOMMY
30 ESSEX DRIVE
FORT PIERCE, FL 34946 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

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,
Address: 524 NORTH 19TH ST.
City-St-Zip: 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: ARRON, DAN
Address: P.O. BOX
City-St-Zip: WABASSO, FL 32970

Title: FS ( ) Delete
Name: DAVIS, TOMMY 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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ERD (X) Change ( ) Addition
Name: AARON, DAN,
Address: P.O.BOX 701045
City-St-Zip: WABASSO, FL 32970

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: LK (X) Change ( ) Addition
Name: DICKERSON, JAMES
Address: 1100 N 35 TH ST
City-St-Zip: FT PIERCE, FL 34947

Title: LK (X) Change ( ) Addition
Name: POITIER, ROBERT
Address: 306 NORTH 22ND STREET
City-St-Zip: FT PIERCE, FL 34950

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 02/25/2008

Electronic Signature of Signing Officer or Director Date