2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 733504

FILED Apr 17, 2009 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 POITIER, ROBERT H 30 ESŚEX DRIVE 306 NORTH 22ND ST. FORT PIERCE, FL 34946 FORT PIERCE, FL 34950 US 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: ROBERT H. POITIER 04/17/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: ERD () Delete () Change () Addition AARON, DAN Name: Name: P.O.BOX 701045 Address: Address: City-St-Zip: WABASSO, FL 32970 City-St-Zip: Title: **TEAS** Title: () Delete () Change () Addition KING, WILLIE Name: Name: Address: 524 NORTH 19TH ST. Address: City-St-Zip: FT.PIERCE, FL 34950 City-St-Zip: Title: () Delete Title: () Change () Addition DICKERSON, JAMES Name: Name: 1100 N 35 TH ST Address: Address: City-St-Zip: FT PIERCE, FL 34947 City-St-Zip: Title: LK () Delete Title: FS (X) Change () Addition Name: POITIER, ROBERT Name: POITIER, ROBERT 306 NORTH 22ND STREET 306 NORTH 22ND STREET Address: Address: City-St-Zip: FT PIERCE, FL 34950 City-St-Zip: FT PIERCE, FL 34950 Title: () Delete Title: **TRUS** (X) Change () Addition DAVIS, TOMMY E. ROBINSON, JAMES Name: Name: 304 ESSEX DR. 526 DOUGLAS COURT Address: Address: City-St-Zip: FT. PIERCE, FL 34946 City-St-Zip: FT. PIERCE, FL 34950 Title: (X) Delete Title: () Change () Addition KNIGHT, RALPH TRUSTEE Name: Name: Address: P.O. BOX 2404 Address: FT PIERCE, FL 34954 City-St-Zip: 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: ROBERT H. POITIER FS 04/17/2009