

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90123 015 ****61.25

0081762

DOCUMENT # 733504

1. Entity Name
PRIDE OF SAINT LUCIE LODGE #1189, IBPOE OF W. IN C.



Principal Place of Business
**2408 AVENUE M
FORT PIERCE FL 34954-1834**

Mailing Address
**2408 AVENUE M
FORT PIERCE FL 34954-1834**

11030734



CHECK HERE IF MAKING CHANGES

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 <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ERD PORTER, ROBERT H 306 N 22ND STREET FORT PIERCE FL 34950 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>No changes</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition <i>Robert H Porter</i>
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	<i>NO CHANGES</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition <i>Robert E Lewis</i>
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	<i>NO CHANGES</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition <i>James Dickerson</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LK LURRY, LARROY 1908 AVE E FT PIERCE FL 34950 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>No change</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition <i>Larroy Leroy</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FSD PASCHAL, DEVONZIA 1515 15TH AVE. S.W. VERO BEACH FL 32962 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>NO CHANGES</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition <i>Devonzia Paschal</i>
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	<i>No change</i> <input type="checkbox"/> Change <input type="checkbox"/> Addition <i>Bertram Taylor</i>

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: *PASCHAL*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E037 (10/02)